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ABSTRACT

Directed toward practitioners and program administrators in the field of vocational rehabilitation, the report deals with current concerns, issues, and practices related to rehabilitation of the blind in public and private agencies. The first chapter provides an overview of the document. Chapter 2 reports on existing and emerging occupational areas open to the blind, while chapter 3 considers public and private agency relationships and responsibilities. Manpower and training needs are discussed in chapter 4, and population identification methods are included in chapter 5 to provide a model for the practitioner and administrator to determine characteristics of the blind population in a service area. Chapter 6 covers the under-served blind population including the multihandicapped and older blind. The final chapter reports on a 1973 conference of administrators serving the blind and focuses on attitudes, unmet needs, and administrative organization. An extensive bibliography and national statistical data are included in the appendix. (MW)

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SERVICES TO THE BLIND: A COMMUNITY CONCERN

A Report from Prime Study Group III

of the

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FORWARD

The decision by the IRS this year to devote the efforts of one of the major study groups to services provided blind persons of all ages was most timely. In addition to a continuous expansion of the number, quality and variety of employment opportunities, rehabilitative possibilities for the blind have been significantly improved by the passage of Title XVI, an act which makes mandatory the referral of all blind persons applying for supplemental security income to the State Vocational Rehabilitation program. This Act also provides 100% funding for those who receive training leading to self-support or substantial reduction in SSI payments.

In addition to the substantial number of blind persons who will receive greater opportunities as a result of the passage of Title XVI, there are others who will benefit from the liberalization of Title II of the Social Security amendments. Perhaps the legislation that will have effect on the greatest number of blind persons is Title VI, which is designed to make available a cluster of social services leading to maximum independence in self-help and self-care.

The following chapters were written by experts in the field and contain information that will add a great deal to the body of knowledge and skill of our professional workers in delivering a high level of service programs for all blind persons served by their agencies. I hope that the information contained in this publication will be given wide distribution as a resource document for professional and volunteer workers and will be incorporated into training programs developed for the new legislation as well as a broadened approach to a total service delivery system for all blind persons who are eligible for and can profit from such services.

Doug MacFarland

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CHAPTER I

INTRODUCTION

Looking back over the history of vocational rehabilitation one can be impressed with the measures taken to rehabilitate the blind. The obstacles facing the blind have been, and continue to be formidable, but certain milestones stand out. In 1935, Title X of the Social Security Act designated the blind specifically for financial aid. The Randolph-Shephard Act of 1936 permitted licensing blind individuals to operate vending stands in federal buildings. The Wagner-O'Day Act provided for the federal government to make purchases from workshops for blind. The Barden-LaFollette Act of 1943 provided specifically for rehabilitation services for the blind. Other federal legislation provided for centers for adjustment to blindness; to exempt certain earnings of blind workers relative to assistance payments; making the means test optional for the states in providing rehabilitation services; and establishing the National Center for Deaf-Blind Youths and Adults. The 1972 ammendments, although vetoed by the President, had encouraged the provision of more services for the severely handicapped and specifically provided for service for older blind individuals.

This publication, directed both toward the practitioner in the field and the program administrator, is intended to report on current concerns and issues, as well as practices related to the rehabilitation of the blind.

Chapter II reports on the increasing number of blind reported rehabilitated each year, but emphasizes the necessity for blind persons to be able to cope with blindness as a part of job readiness. Emerging occupational areas that should be considered for the blind are para-professional occupations in the allied health manpower field, the informational service expediting field, the computer sciences, and office occupations which require the use of highly sophisticated equipment.

Chapter III relates the history of private and public agencies serving the blind focusing on the roles they play where services may overlap or conflict. Appropriate areas of service for each type of agency in these changing times are described, and emphasis is placed on increased cooperation between the state-federal programs and the voluntary sector.

Manpower and training needs are discussed in Chapter IV. As this is being written, training budgets are being phased out. This means that training as it has been known is being drastically changed,

if not eliminated. The implications of this change for manpower are obvious. Alternate solutions must be explored and one that appears to be worth consideration is the concept of team building. Some steps to effective team building with emphasis on "how to do it" are presented. This approach is presented in relationship to the staffing standards of the Commission on Standards and the Accreditation of Services for the Blind.

Population Identification Methods, Chapter V, is included to provide a model for the practitioner and administrator to determine characteristics of the blind population in a service area. Workers must deal with a variety of hard data, and this chapter describes ways of interpreting them so sound decisions can be made regarding service needs, staffing, fiscal resources, and planning for changing trends. National statistical data is included in Appendix D.

As skills and facilities have been developed to rehabilitate more blind individuals each year, there has been a growing concern for the Under-Served Blind Population, the subject covered in Chapter VI. This group includes the severely multiply handicapped, the older blind, the low achievers, persons with little or no skill, and blind children denied an education because multiple disabilities preclude school attendance at the present time. Emphasis is on the practitioners' and administrators' responsibility to research and develop the specialized programs necessary so these disabled individuals can lead meaningful, productive lives.

The final chapter, Administrative Concerns for Services and Program Evaluation, reports on a 1973 conference of adminstrators responsible for programs serving the blind. A major concern dealt with attitudes: attitudes of workers, of the public and the blind themselves. Unmet needs, as seen by participants at this conference are described as are their points of view regarding program evaluation and assessment. A third topic was adminstrative organization.

The subject matter of each chapter reflects current issues being dealt with by public and private agencies serving the blind. The publication suggests directions for practitioners and adminstrators in coping with relevant problems.

CHAPTER II

OCCUPATIONAL INFORMATION AND JOB DEVELOPMENT

Whether the job of a vocational rehabilitation counselor for the blind is seen primarily as one of coordinating and counseling, the fact remains that a major responsibility is to assist the client in obtaining the services, goods and information required to give him optimal assurance of a satisfactory vocational adjustment. While a counselor is responsible for seeing that necessary services are provided, his direct participation in the provision of services may range from slight, as with physical restoration or training, to total, as with counseling toward the development of vocational plan. Placement is the one service that is unique in this respect since the degree of counselor involvement in directly providing this service may vary from slight to total with each client, depending on the facts and circumstances of his individual case.

Assume for instance, that the client is an 18 year old high school graduate who is interested in, and has the aptitude for, performing a routine machine operation in a factory. In this case, if there was no placement specialist on the staff and no agency which could provide placement service, the counselor's involvement would be total. The counselor would contact an employer and act as the client's representative. In this capacity, he would survey the plant to select a job or jobs that could be performed safely and efficiently without vision; he would escort the client to the job on the first day, assist the foreman in training him, and see that the client met the other employees in his immediate work area.

At the other extreme, the client might be a person who graduated from Harvard Law School magna cum laude, who is aggressive and who has excellent social skills. In such a case, the client might well have completed arrangements for satisfactory employment prior to the day of his graduation from law school. The counselor would be involved in providing placement service only to the extent of assertaining that the client has been satisfactorily employed. Between these two extremes on the involvement continuum, there might be the case of a totally blind female client who has successfully completed undergraduate training, including practice teaching as a high school teacher of foreign languages. Since it is relatively difficult for a totally blind person to obtain employment as a public school teacher, this client might need and request placement assistance. In this case, the counselor could not assume full responsibility for the placement as he would with the industrial job cited above. He could not

because first, he doesn't have sufficient knowledge of the teaching job and secondly, since teaching involves a high degree of communications and interpersonal skills, the employer wants to assess the client's potential in these areas through face-to-face interview.

In the case of the factory job, the counselor knows more about the job than the client, and also such factors as interpersonal skills and communication skills are relatively unimportant. But the teacher candidate must persuade the employer of her competence and qualifications to handle the job in a face-to-face interview. What the counselor can do in this case is to assist the client in developing an effective job-seeking program. He can also contact potential employers to arrange interviews for his client and in the course of talking with them, he may be able to create a more receptive attitude on their part toward the hiring of a qualified candidate who happens to be blind.

Involvement of counselors in the placement process will also vary on the basis of the amount and kind of direct assistance available to them and this differs substantially from state to state. In some states where placement is heavily emphasized, placement consultants are assigned to major district offices. These consultants function as staff specialists who are available to provide the counselor with special information on job trends and current openings. They also offer assistance in such direct procedures as plant surveys and employer contacts. In a few states, the practice of using so called "placement specialists" is still followed. In this approach, the counselor is responsible for providing services to the client up to the point of placement, but direct responsibility for assisting the client in obtaining suitable employment may be achieved by the placement specialist. In the majority of state programs, there are no special placement personnel available and the counselor is responsible for providing the client with the necessary job development and employment assistance. However, in a few states counselors have available engineers and other technical specialists who provide skills and know how to modify equipment or restructure job duties to eliminate visual requirements. With greater use of sophisticated technology, it is becoming increasingly important for state agencies to provide specialized staff and programs such as: industrial engineers, electrical engineers, work simulation programs, or to encourage counselors as part of the rehabilitation plan to purchase similar services from outside consultants.

If rehabilitation is viewed as an integrated process, which begins with establishment of eligibility and ends with the obtaining of suitable employment, it is clear that the success of the final step, placement, is critically dependent on the degree to which the preceding steps were directed toward the achievement of that goal.

Making the counselor responsible for seeing that effective placement assistance is provided is the best way of assuring that placement will be kept in mind as a point of reference during the planning and implementation of each step in the process. In keeping with this position, the remainder of this chapter will be devoted to a presentation of information and selected procedures which may be helpful to the counselor in discharging his responsibility of job development, in placement situations ranging from unskilled factory work to professional employment.

RECENTLY DEVELOPED OCCUPATIONAL AREAS AND FUTURE TRENDS IN EMPLOYMENT OF THE BLIND

In discussing recently developed occupational areas and future trends in the employment of the blind, an examination of past performance serves to put the current situation in perspective and indicates the direction of future trends.

During the past decade, the number of blind and visually handicapped individuals moving into the competitive labor field has doubled. In 1961, 4,578 blind persons were listed as rehabilitated in gainful employment. Approximately 3,000 of these persons entered the competitive labor market. In 1971, 7,500 blind persons were closed in gainful employment, out of which more than 5,400 were in full-time competitive employment. The number of visually handicapped individuals who are newly employed continues to follow the same trend. One can now safely estimate that by the end of fiscal year 1973 more than 6,000 blind persons will find employment in occupations ranging from the professional and managerial, clerical and secretarial, and industrial to service-type jobs.

Additional indicators of the scope and direction of future employment trends can be derived from the following sources:
(1) the number of individuals currently on the active caseload,
(2) the number of newly blinded potential rehabilitants, and
(3) the number of students in the elementary and secondary school systems for which basic vocational preparation and job placement plans must be developed. Today, there are more than 17,000 blind clients currently in the active state-federal vocational rehabilitation caseload. More than one-third of these are in vocational preparation plans, and 3,500 are currently attending colleges and universities throughout the country. The remainder are in a variety of vocational training situations ranging from business schools to on-the-job vocational plans.

The National Society for the Prevention of Blindness currently estimates 35,000 persons lose their sight each year. It is reasonable to assume that 25 percent of this group have excellent potentials

either for returning to or entering competitive employment. There is also the encouraging probability that each year, a percentage of the newly blinded within the working age bracket will eventually move into competitive employment.

The number of blind individuals now in the school system who will be moving into the vocational rehabilitation demand market is indicated by the American Printing House for the Blind, Louisville, Kentucky, which currently list more than 8,500 blind students in junior high and high schools throughout the nation, on the basis of school supplies which have been requested for them. It goes without saying, that whether these individuals will ultimately obtain remunerative employment depends on the ability of the vocational rehabilitation system to develop effective training and placement plans for them.

It must be recognized that there are special vocational training needs for the blind and visually handicapped individuals in specific job areas. These special needs are a result of the fact that blind persons, especially, are coming to vocational training programs without all of the skills necessary to cope with their blindness. Further, methods, techniques and devices must be developed in order to enable the blind trainee to be competitive in his vocational training and in future employment. And finally, because of age-old public attitudes, it is still necessary to demonstrate to employers the effective performance of a well trained blind person in particular employment situations. In view of the anticipated increase in the number of visually handicapped persons seeking vocational rehabilitation services, it is mandatory that we not only improve vocational training and vocational readiness training programs, but that we also continue to upgrade employment opportunities in traditional occupations, extend employment in recently developed occupations and promote new careers in emerging occupational fields. A prerequisite for developing programs to meet these objectives is an assessment of the current status of jobs for the blind in traditional occupations, recently developed occupations and emerging occupational areas.

Any assesment of vocational training resources for the visually handicapped throughout the nation is extremely difficult. However, from all indications, it is apparent that the vocational preparation of the blind in the rehabilitation process is probably one of our weakest service links. A primary reason for this as indicated by research and demonstration programs during the past five years, is that many blind persons are referred for vocational training without having those skills which enable them first to cope with the everyday problems of blindness before entering regular vocational training. It is believed that vocational training for the blind should be given, in so far as possible, in facilities which are normally used for the vocational training of the general population.

The controlled business enterprise program continues to offer one of the best opportunities for managerial types of employment. More than 500 blind persons enter this field each year and their average annual earnings are constantly continuing to rise. For example, in 1961 the average licensed vending stand operator under the Randolph-Sheppard Vending Stand program, earned $3,900 per year. In 1972, the national average earnings for a licensed operator was $6,996. This program has now grown so that in 1972, it grossed almost $110 million and provided employment for 3,583 licensed operators in 3,229 locations.

While initially the Randolph-Sheppard Act was enacted for the purpose of providing employment opportunities for the blind in federal buildings, its real expansion has resulted from establishments on state and private property. FY 1972 data reveal that only 878 (27.2%) of the total number of vending stands are located on federal property. The remaining 2,351 (72.8%) locations are on public (state and city) and private property.

The daily exposure to the general public of a blind person managing his business operation continues to affect public opinion concerning the ability of a blind person to function independently in competition with other similar business operations. Since its inception the vending stand program has been referred to as the showcase in work for the blind. This being the case, we must continue to provide adequate training and supervision of operations in the program so as to maintain this positive image. Sophistication in the vending stand program has now grown to the point where these operators are, in every sense, employed in managerial capacities. There are, of course, a number of blind persons who are continuing to move into such managerial occupations in business and industry outside the controlled vending stand program.

For many years, blind persons have been trained as medical record transcribers. The demand for trained, qualified people is increasing because of technological advances in electronic recording and transcribing equipment, including remote dictation from doctors in hospitals, their offices, their homes and sometimes even their cars. Consequently, it has been found necessary to develop new ways of training blind and visually handicapped persons to meet this crucial need. These efforts involve the development of teaching materials, as well as adequate tools to be used at work. For example, the latest edition of "Dorland's Medical Dictionary" has been put into braille, and almost 200 sets are in use. A medical speller and sections of the "Physicians Desk Reference" are also available in braille. These books are extremely valuable to the medical transcriber.

New careers in which blind people may participate are already becoming evident in the clerical field. The development of both dictating equipment and typewriters is opening additional opportunities. A few

years ago, typing pools were disbanded in favor of the individual secretary. However, many government agencies and business enterprises are now planning to reinstate centralized typing units using highly sophisticated equipment. The magnetic tape selectric typewriter and the magnetic card selectric typewriter are playing an important role in this change in office systems. The operation of this equipment will require specialized training, but a number of job responsibilities will not require sight and will undoubtedly open a much wider latitude of jobs for blind persons.

Switchboard operation is an occupation in which blind persons have been employed for at least 40 years. Originally, it was a natural one for many of the blind people in this country. With technological change, this equipment gradually moved out and the regular cord-board came into play in the thirties. At that time, "touch pilot" equipment was developed to enable blind persons to operate cord-board equipment.

With technological changes in the communication industry, other types of special equipment have been developed for switchboard operators who are blind or visually handicapped. The two primary examples are Bell Laboratory's Seeing Aid, and the Telebraille device built in Oregon and used in the north-western part of the country. As communications technology advanced and telephone equipment became more sophisticated, the number of blind persons employed in this field decreased. However, today there is a reversal of this trend because automation is changing job requirements in such a manner that persons with little or no vision are able to perform operator duties successfully in a growing number of job situations. It can be foreseen that in the next few years, more training programs will need to be developed to prepare blind and visually handicapped individuals for this occupation. It is already evident that there will be a need to plan for an institute in this occupation before 1980.

Forty-five years ago, relatively few Americans had full-time employment in service occupations. Today, with the advent of automated means of production, with increased leisure time, and easy flow of money; at least one out of ten workers in our country has his primary job in providing service.

It is most probable that this change will continue until the year 2000, when one out of every five individuals will be engaged in the service industry. Over the past decade a number of "occupations in depth" national planning institutes were sponsored by the Rehabilitation Services Administration. These institutes emphasized those occupations in supportive positions in hospitals, hotels, motels, laundries: and also for switchboard operators, medical records transcribers, computer programmers, and teachers of sighted children.

These supportive positions are in jobs not directly involved with services to people. They are the behind-the-scene jobs in hospitals, in the food and lodging industry, and in the recreational activities in general. For the most part, these are the types of jobs that have been dealt with in the "occupational depth" institutes and out of these institutes have come new guidelines.

Since 1960, millions have been working in such diverse places as auto and other kinds of repair shops, laundries, dry cleaning establishments, hotels, barber shops, theaters, movie production, and advertising firms. This group of service industries has been one of the fastest growing, and is now well over three times the size it was in 1919. This reflects a very important fact about our way of life--that as we grow and prosper, a greater proportion of people will be engaged, not in making things, but in performing the multitude of services that make life more pleasant and easier for people generally.

Although the percentage of jobs in manufacturing concerns is decreasing in comparison to the total number of jobs in the country, manufacturing continues to offer employment to increasing numbers of blind and visually handicapped workers in America. (Dickey and Vieceli, 1972).

Mechanization has enabled manufactureres to produce more goods with fewer man hours; however, imagination, ingenuity, and the competitive system have created many new products, and with the rising standard of living, demand has kept pace. At the outset of every major phase in industrial development, there has been the real concern that jobs would be eliminated and the machines would replace individuals and create wide spread unemployment. As society has adjusted to automation, the clamor against this development has decreased. Even today, there is much discussion about whether new production methods and advanced equipment may create a serious unemployment problem. So far, this concern has not been valid. Rather than creating a large body of unemployed workers, industrial know-how has actually increased the number of jobs available in the land. In fact, this year, there will be more jobs created than there are individuals newly coming into the labor market.

Jobs in industry are changing, old ways of producing materials are giving way to new and more effective resources. The training and skill required of workers is greater. In many instances, this necessitates retraining of workers for new positions. In other instances, it means an actual shift of workers from one industry to another, but Americans are generally a highly mobile people and adjust to these requirements as they develop.

The history of the employment of large numbers of blind persons in industry is short in comparison to the overall industrial revolution. Consistent growth in the number of blind people employed has only occured since the early 1940's (during the second World War and thereafter). Our nation is now concerned with the development of more effective technical training resources and strengthened manpower programs for workers in general, and it is essential that we gear our program of services to the blind to keep pace. No longer can we prepare our clients for today's jobs only. We must give them the kind of training and develop the skill needed for employment tomorrow and five years hence.

In 1970, 1,200 individuals were placed in industry through the state-federal vocational rehabilitation program. In fiscal year 1971, this number increased to more than 1,500. In planning the selective placement training program at Southern Illinois University for counselors, one of the more significant changes that was noted is the requirement for flexibility in factory workers. Personnel practices and sound production management have amply demonstrated the value of moving a worker from station to station rather than requiring him to stay at the same job hour after hour, day after day. This movement of personnel within the plant has increased the productivity of the worker, has improved his satisfaction with his job, and has lengthened this time of employment with an employer. In view of this trend, it is necessary to prepare clients to perform a number of operations rather than just a single task. In seeking employment opportunities for blind persons, counselors are forced to make a careful evaluation of many jobs within a company, choosing those which can be done without sight and which will not interfere drastically with the normal shift of employees during the working day. While this requires a more careful selection of both worker and the job, it is not as formidable a problem as was feared a few years ago. Blind persons, properly trained and placed in the right employment setting, are proving to be as flexible as their fellow workers, with the one exception that they must do those jobs where sight is not an essential factor. Fortunately, there are more of these openings than there are clients prepared to fill them. The basic secret of success continues to be a vigorous, dynamic selective placement program; conducted by professional people with initiative, imagination, and ingenuity; and above all, with confidence in the clients they are bringing to employers as well as a belief in the fundamental soundness of the placement program.

A number of blind persons are being trained and are securing employment in the trade-technical areas. For example, a few years ago the School of Science at Wahpeton, North Dakota, undertook a research and demonstration project sponsored by the Rehabilitation Services Administration, aimed at demonstrating the effectiveness of providing trade-technical training to blind persons. Two courses

were initiated, each of two year's duration--the machine shop course was started during the first year and the course in small engine mechanics commenced at the beginning of the second year of the project. The first class of machinists graduated in June of 1965. Five of the six graduates are now employed as machinists in such plants as John Deere, Cessna Airplane, General Electric, and in two small job shops. Seven students graduated in 1966, four from the machine shop and three from the course in small engine mechanics. Every one of these individuals is employed in accordance with his training.

Other efforts have been made to train blind persons in the trade-technical occupational areas, primarily on an individual basis in specific trade schools. This is one area where additional efforts in research and demonstration must be made in order to expand opportunities for the blind and visually handicapped. For example, there continues to be a high demand for qualified blind personnel in piano tuning. Yet relatively few blind persons are currently being trained for this work in available facilities.

The number of blind persons being employed in the computer sciences is continuing to grow. However, new careers and career ladders in this occupational field must be found. In 1963, one could count on ones fingers the number of blind persons who were in the computer sciences. Since that time, this number has increased so that now there is a listing of over 500 blind persons who are employed as computer programmers. Today there are a hundred more blind computer programmers in training, and there are seven recognized training centers in the country. This is another field that is now open to trained and qualified blind persons.

This improvement doesn't mean that the blind automatically have access to normal training facilities or that they can start opening up another field, and figure that this particular occupational opportunity is now available. There must be continued work on this field because a computer is a highly complex piece of machinery and its technology is changing more rapidly than in any other professional endeavor. There has to be constant follow-up and continuous observation. A seemingly minor change, especially as it affects hardware, might well jeopardize the continued employment of blind persons in this field.

Computer-related employment is one of the emerging occupational avenues which will influence the employment configuration of Americans for the remainder of this century. Already blind persons are beginning to be trained so that they will be able to compete for new jobs in this field. Independent terminals feeding back information either in braille or audio, will open a host of jobs for those blind persons who have the vocational preparation and the capacity to fill them. One example is of informational service expediting employment. Other examples of computer related employment

where blind persons are now achieving success follow: news wire service reporter, inventory expediter, bank loan clerk, reservation clerk, and telephone (800 series) information operator. It should be pointed out that computer related employment should not be confused with training and employment of professional occupations in the computer sciences.

One of the newest careers to open up is that of service representative. With society and our economy becoming more and more complex all of the time, the actual provision of services often requires professional expediting so that an individual in need of service receives that service. This expediting is done by someone in the type of position now being called "service representative". The Office for the Blind and Visually Handicapped became involved with new career research in this area as a result of activities in opening up federal job situations for blind people.

More than five years ago, the Social and Rehabilitation Service and the Internal Revenue Service in conjuction with the Arkansas Enterprises for the Blind in Little Rock, began to explore the possibility of training blind persons to provide information to taxpayers. Originally the training and employment was planned around the taxpayer assistor position in the Internal Revenue Service. However, with refinements in both the training and position responsibilities, the somewhat more complicated job of taxpayer service representative was included. A number of blind persons are finding successful new careers in this capacity with the Internal Revenue Service, and it is understood this number is to increase beyond original expectations over the next two years.

From all indications, a second important result of this research and demonstration project is the emergence of a wide range of other service representative-type positions in federal, state, and local governmental organizations for which blind and visually handicapped individuals can be trained. Industry to, will offer new careers in positions requiring similar skills and ability. Such organizations as telephone companies, airlines, and hospitals have service representative jobs, many of which may be successfully performed by trained and qualified blind persons.

Almost every week the number of blind persons working for the Federal Government increases. Well over 300 are employed in a variety of tasks in the Washington, D. C. area alone, in professional as well as subprofessional duties. Examples of these jobs are the transcribing typist, switchboard operator, secretary, management analyst, attorney, and personnel specialist.

A major reorganization of the field structure of the U. S. Civil Service Commission recently established area offices in the metropolitan areas where the Commission now operates field offices. To streamline for the 70's, the Commission will merge two existing

field networks consisting of interagency boards of U. S. Civil Service examiners and Civil Service representative offices. In this new system the Civil Service Commission is providing for a program of selective placement, working particularly with the severely disabled. With the active support and advice of the state vocational rehabilitation agency providing services to the blind and visually handicapped, this should continue the existing momentum in moving trained and qualified blind and visually handicapped people into federal jobs.

The agency coordinator is an integral part of a network of federal officials with program responsibilities for selective placement. The coordinator in an employing installation or activity is the most important person in the system. He is the one who brings the applicant and selecting official together. He is in the unique position of knowing his agency's managers and supervisors, and the kinds of jobs they have to fill and at the same time, is acquainted with those who provide rehabilitation and other services to the handicapped in order to assure the fullest utilization of this source of needed manpower.

In December of 1969, the Civil Service Commission began a survey on the progress being made by severely handicapped federal workers. Two hundred and thirty one installations, representing 25 agencies, were surveyed and 397 individual case studies were gathered.

The Federal Government employs thousands of persons who may be described as "physically handicapped". The vast majority of these employees entered the Federal Service through regular, competititive processes. They took an examination, were rated according to the same standards applied to everyone else, passed, and were hired. These qualified individuals, who may be blind, paraplegic, or have other disabling conditions, neither seek nor require special consideration while on the job or while applying for a job, with the exception of special provisions for the actual taking of examinations. Reading or recording services for the blind or interpreter services for the deaf are made available for Civil Service tests. A special test for transcribing typists has been evaluated by the Commission and is used with blind and visually handicapped individuals applying for these positions. This particular test will be made available to state and local civil service agencies upon request. The severely disabled, including the blind, may also be considered under special appointment provisions without taking civil service examinations. However, whenever it is possible, they are encouraged to take the required examinations, even though special provision for their administration is necessary.

While many state and local governments have begun to employ blind persons in many occupations, these efforts have been minimal. The state-federal vocational rehabilitation program for the blind and

visually handicapped has been building its reputation for more than a quarter of a century on the premise that agency backing of clients is a fundamental guarantee to employers and their employment needs.

One of the largest concerns confronting the state-federal vocational rehabilitation program during the next several years must be the large number of blind persons moving into colleges and universities. This concern is of particular importance, depending on the type and intensity of vocational planning, both prior to and during their college years. One illustration of this problem is the fact that today more than 1,000 blind persons are in teacher training programs, although the demand for teachers is decreasing year by year. As a result, the college students in these programs and their counselors will be faced with some difficult problems. However, it should be noted that the number of blind teachers who are employed in teaching sighted children continues to increase. There will always be room for the truly competent blind teacher who is well trained and properly placed.

As indicated, it has been fascinating to follow the field of teaching which has shown marked development over the last 10 to 15 years as a career for blind individuals. As part of the overall efforts to move ahead in opening new opportunities for disabled individuals, a grant was made to the New York Association for the Blind for the purpose of bringing together a national planning institute which had as its goal the establishment of elementary and secondary schools, teaching sighted children. Seven successfully employed blind grade and high school teachers participated, as did school administrators, officials from teacher-training institutions, college placement specialists, and experts in vocational rehabilitation for the blind. Just a few years ago, a blind person who successfully performed in an elementary or secondary classroom, teaching sighted children, was the rare exception. Last year, more than half of the over 100 newly-trained blind teachers found positions in our public and private schools. The remainder pursued other careers in the field of education, including college teaching. There are today several hundred blind persons teaching sighted children in the public and private schools in our nation.

At the present time, plans are being made for developing new careers in para-professional occupations which are emerging in the allied health field. A national planning institute concerned with this field was held and a report has been completed which includes specific recommendations for particular occupations, for demonstration programs and for occupational planning institutes. (Allied Health Careers for Blind and Visually Handicapped Persons)

ALLIED CAREERS

A second occupational area which appears to be emerging and which will have an influence on the employment of blind and visually handicapped persons during the next several years is in the informational service expediting field. This trend is evidenced by the fact that following the success of programs with taxpayer service representatives and telephone service representatives for the Social Security Administration, a new program to train blind persons as informational specialists to work with Federal Civil Service Commission began in January, 1973.

In surveying occupational opportunities for the blind, one frequently finds that jobs thought to require sight can be effectively performed by a blind person. A profession that one would not normally think could be performed compentently without sight is that of actuarial science. This work is based almost entirely on the examination of statistics and figures about people. However, a blind indiviudal recently finished his undergraduate work, got a graduate degree, and now has an excellent position as an actuary working in the Social Security program. Another example of the new occupational horizons for the blind is demonstrated by a young blind man who majored in meteorology in college and is now employed as a meteorologist by the U. S. Weather Bureau. An even more exciting prospect is that one of our nation's leading medical schools has now accepted a totally blind pre-med student.

As stated earlier, a number of emerging occupations in the allied health manpower field are also being explored. In this field, the para-professional occupations appear to offer the greatest potential. During the next five years, it is hoped that special attention can be given to selected para-professional occupations as new careers for blind persons. Examples may be in such fields as physical therapy assistant, occupational therapy assistant, mental health aide, and community aide.

It should also be mentioned that sheltered workshops are a source of remunerative employment for a significant number of blind persons who do not have the aptitude and ability for competitive employment. Present estimates indicate that there are approximately 30,000 multi-handicapped blind persons who could benefit from employment in such a workshop. With appropriate sources of funding in the future, it seems probable that the number of blind persons employed in workshops will increase.

The ever-widening range of jobs in which blind persons are proving successful is ample evidence of both their ability and their capacity to cope with future employment demands. It would be inadviseable to provide a listing of jobs for the blind as it might tend to stereotype the blind and limit job opportunities.

Certainly, many of today's jobs will disappear, but there will be completely new jobs for which the blind must be prepared. Blind persons, like their sighted collegues, must have a basic educational background which will make their skills readily convertible in retraining programs. If it is true that the sighted worker of the future will require retraining at least six times during his working life, retraining will be even more imperative for the blind person in the competitive labor market.

PLACEMENT IN INDUSTRIAL AND SERVICE AREAS

Placement of the blind and visually handicapped in suitable employment is still one of the most challenging aspects and is the ultimate objective of the vocational rehabilitation effort. Suitable employment is the foundation for a happy, useful and productive life. Successful placement requires the evaluation of the person and his total capacities--his abilities, interests, achievements, and personality. The individual's experiences, training skills, and aptitudes are carefully noted; then jobs are carefully analyzed so that the individual can be directed towards an occupation that will make best use of his work potential. Selective placement is the matching of visual, mental, and physical requirements of the job with the capacities of the blind person.

Much has been said about the counselor knowing the client and going out to get a specific job for a specific client. Some rehabilitation counselors have recommended approaching an employer only for a specific job and only for a specific client. Much has been done in this way but more effective placement can be done through a broader concept of building and maintaining employment resources in which blind persons can be placed. The key to the development of an effective employment program is the approach in which the counselor regularly schedules interviews with employers to "sell" the proposition that qualified and selectively placed blind persons can compete safely, efficiently, and competitively in the world of work. This means a recognition by the counselor that placement starts at the time of the initial interview and continues throughout the rehabilitation process. It is not a separate or distinct service to be offered at the end of the process.

In working with employers, the counselor must first create a favorable attitude towards blindness in order to help the employer see jobs in his company that can be done without sight. The important point here is that the employer is not really rejecting the individual applicant, but is more concerned about his fears and misunderstandings about blindness and about what blind people can do. Many employers have negative ideas about blind workers such as thinking that they have (1) lower production; (2) greater absenteeism and illness; (3) limited flexibility; (4) more accidents; and (5) that workers do not like to be around blind persons.

Therefore, it is necessary for the counselor to talk about blindness in a way that will help the employer to change these misconceptions. Perhaps the best way to sell the abilities of the blind person and the concept that there are a number of jobs that have no visual requirements is to show that there are numerous things the employer he himself does every day without sight, for instance: tying neckties, tying shoes, typing, checking to see if he has a good close shave. In addition, we must show that a number of blind persons are working in a variety of jobs ranging from unskilled to skilled.

Placement can best be achieved in a five step process:

1. Pre-Contact Planning--The counselor must organize a "plan of action" that will overcome employer misconceptions and objections and that will meet employers' needs. From appropriate sources, he must get information about the employer such as what kind of products or services he offers, seasonal trends, size, hiring practices, job openings, and anything else that will help in understanding how the employer will react. Marketing people say there are five psychological steps one must move the customer through in order to sell a product--attention, interest, desire, conviction, and action. The counselor, using his pre-contact information, must anticipate the employer's needs and the kinds of objections he will raise, and develop a specific plan for dealing with these in his interview with the employer.

2. Approach--In putting the plan in effect, the counselor presents logical reasons why the employer can and should work with his rehabilitation agency for effective and selective placement. Since this is a high-level, professional selling job, the standard five steps in the sales process must be used. These steps are: pre-approach, approach, demonstrations, handling objections, and close.

3. Job Selection--During this step the counselor will go into the plant or business for a survey and make a job analysis of selected jobs. The survey should identify jobs that can be done without sight. In addition, questions of safety and flexibility can be answered. The analysis to determine the feasibility of a job for a blind worker must be divided into two phases: the first phase is the standard four-part formula--what the worker does, how he does it, why he does it and skills required to do it; secondly, the counselor determines if there are alternative methods with which a blind worker can do the job or what extra skills are required for efficient job performance.

4. Placement on the Job--After the employer has agreed on a selected job, the second phase of the employment program is put into effect. This means having the blind individual who best meets the need of the employer and the requirements or the demands of the job is referred for employment. It is important that the counselor go with the blind person when he reports for work so that he is available to both the worker and the employer. It is crucial that the counselor give the blind person an orientation to the work area, some insight into the flow of materials, and an introduction to people around the work area, if the client is to make a successful adjustment.

5. Follow-Up--This is the "guarantee" that the placement will be successful. Here the counselor accomodates for previously unseen needs to insure the best chance for success; for example, additional tools, more training, counseling or other services may be needed to equalize opportunity for satisfactory performance in the job.

The counselor must be actively involved in the placement process. He must "sell" the abilities of the blind person and deal with employer attitudes about blindness. He must be able to analyze jobs that are reasonably consistent with the physical capabilities of the blind person and capitalize on the remaining assets of the individual. Placement is not a separate or distinct service at the end of the vocational rehabilitation process. When contacting employers, the counselor should have in mind not one, but several clients in varying stages of rehabilitation who are potential candidates for employment.

PLACEMENT IN PROFESSIONAL AND TECHNICAL AREAS

In this section, the term "technical" will refer to occupations in which training consists primarily of developing specific skills and acquiring knowledge of specific procedures which will be used in performing the actual job. The training covers a much shorter time span than that required in occupations which will be referred to as professional. Examples of technical occupations range from medical transcriptionist through executive secretary to computer programmer. The term professional will apply to occupations in which the period of training is substantially longer with a much broader didactic base and heavier emphasis on theory. Law, engineering, and teaching would exemplify occupations in this area.

As indicated previously, the counselor's responsibilities for placement in technical and professional occupations differ significantly from the procedures he must carry out in making an effective placement in an industrial or service occupation. For example, in the professional or technical area:

1. the counselor does not have to conduct a survey to select an appropriate job since the job beingsought is known

prior to contacting the employer and the client has already been specifically trained for performing the duties of this job, and

2. the client's training has given him job knowledge which the counselor does not have which will enable the client to deal more effectively with employer questions in this area.

In providing effective placement service for professional and technical jobs, the counselor should be familiar with and be prepared to utilize any or all of the following procedures depending on the needs of the client. If the staff includes a consultant or placement specialist, he may carry out these procedures fully, or in part, depending on the extent to which the counselor wishes to utilize his expertise. The fact remains, however, that the counselor bears ultimate responsibility for seeing that necessary services are provided either by him or by a staff specialist.

In preparing the client for placement, the counselor should help him to see that the job-seeking program on which he is about to embark can be thought of as a job in itself. The client can probably devote eight hours a day, five days a week to developing and implementing the procedures through which he will reach his vocational objective. This program can be broken down into three main phases: (1) locating the job, (2) obtaining an interview, and (3) participating in the interview.

1. Locating the Job: The counselor should be sure that the client is familiar with the main sources of job information such as the State Employment Service, relevant private employment agencies and placement bulletins published by professional associations such as the American Personnel and Guidance Association, The American Psychological Association, the National Education Association, and also, the job opportunities published in professional journals. The client should be encouraged to explore and utilize fully the services provided by his college or university placement bureau. The initial contact with this bureau should be made during the freshman year, particularly if it is a combined career development and placement center. While these bureaus do not specialize in the placement of disabled persons, they can provide useful job leads and, at times, assist in the obtaining of an interview. There are also organizations of blinded professionals at both the state and national level. For instance, state organizations of blind teachers in California, Illinois and New York or the special interest groups for blind programmers in the Association for Computing Machinery. For information, write: Robert Gildea, Chairman, SIGCAP, Mitre,

P. O. Box 208, Bedford, Massachusetts 07130. These can often be of help in providing information on locating jobs and obtaining job interviews. Finally, the Federal Civil Service Commission constitutes a resource that provides outstanding opportunities for blind persons in all three phases of placement. Counselors should be familiar with and make use of the special hiring procedures. Consult the Handbook of Selective Placement in Federal Civil Service Employment, United States Civil Service Commission, August 1970--for sale by the Superintendent of Documents, U. S. Government Printing Office, Washington, D. C.. There are also two special civil service programs which provide full evaluation, training, and placement services to blind clients. These are the taxpayers service representative of the Internal Revenue Service (for information, write to: Coordinator for Employment of the Handicapped, Internal Revenue Service, 1111 Constitution Avenue N.W., Washington, D. C. 20224), and the customer service representative of the Social Security Administration (Coordinator, Social Security Administration of HEW, 6401 Security Boulevard, Room 1 E 8 Annex Building, Baltimore, Maryland 21235).

2. Obtaining an Interview: In this area, the counselor's responsibility is carried out in two steps.

   A. The first of these is to assist the client in the preparation of a letter of transmittal and resume. The letter of transmittal is a covering letter sent to an employer along with a resume to request an interview for a position. The wording should be concise and should cover the following points:

      1. Identify position you are applying for and how you learned of it.
      2. Indicate why you are applying for this particular position.
      3. Describe your main qualifications.
      4. Refer the reader to the enclosed resume.
      5. Request the next step in the employment process, i.e. personal interview and an answer to the letter.

   The client may be inclined to feel that the resume is rather routine and therefore a rather unimportant item in seeking a job. Actually, it is an important procedure in any well organized attempt to obtain employment. First, it presents in concise, orderly form, information which the employer will assess in

in determining whether to grant an interview and secondly, while a well prepared resume will not necessarily assure the client of an interview, a poorly prepared one will certainly prevent him from obtaining one.

The counselor should therefore assist the client in the preparation of a resume and should be certain that the final product is carefully evaluated by a competant, sighted person for physical appearance, spelling and punctuation. For appropriate models of the resume, showing style and physical set up, refer to any of the following volumes: Juvenill L. Angel (1965), Carolyn Epp Nutter (1970), Michael P. Jaquish (1968), and Mary K. Bauman and Norman N. Yoder (1962).

Additional considerations are as follow:

1. Since the purpose of a resume is to provide the employer with relevant information in a form that makes it quickly accessible, the wording should be concise, factual, telegraphic--no flowery phrases or narrative sentences. The entire resume should be contained on a single $8\frac{1}{2}$"x 11" sheet of paper. Only where the client has had extensive experience in several high level jobs would the addition of a second sheet be justified.

2. The resume should be produced on an electric typewriter, using elite type. A $1\frac{1}{2}$" margin on the left-hand side of the page may be used to locate section headings such as Education, Work Experience, and Personal Data.

3. The resume should be typed on good quality paper and a carbon copy should never be sent to a prospective employer. If a number of resumes are to be sent out, it is perferable to have the original duplicated either in xerox or offset printing. The latter produces by far the best results and 50 to 100 copies may be obtaind for a reasonable cost.

4. If the client's facial appearance is not unattractive, it is generally desirable to send a photograph with the resume. If the resume is offset, the photograph can be printed directly on the upper right hand corner.

5. Where work experience is relatively limited, educational experience can be supplemented by listing courses taken that are relevant to the job being sought and giving grade point average for the major, when it is 4.0 or above on a 5.0 scale. General grade point average can also be given where it is 4.0 or above. The client's position in his graduating class can be given if he graduated in the upper 1/3 of his class. The point is that specific courses, grade point averages, and class standing do not have to be listed in the resume. However, where the academic experience is going to be emphasized and these aspects of performance will create a positive impression, any or all of them can be used.

6. In listing work experience, the client must always be sure to give a reason for leaving an employer in going from one job to another. This reason should be stated in the most positive terms possible, consistant with accuracy. For instance, "to give me broader experience," or "to give me more responsibility and a higher salary."

7. In dealing with his disability, the client has several options. It is up to him to decide which approach he should use after carefully weighing the advantages and disadvantages of each.

   a. He may simply omit any reference to his disability. This has the apparent advantage of giving him greater assurance of obtaining an interview and the client may rationalize that once he is in the interview, he can sell the employer on accepting him despite his blindness. This is usually not the case. If the client is totally blind, or if he has a visual disability which will become apparent during the interview, the interviewer is likely to feel that the candidate has deliberately deceived him. This feeling is bound to color the employer's perception of everything the candidate has to offer during the interview, and it may constitute a more serious obstacle to acceptance than the fact of blindness itself.

b. A second option is that the client (this might include somebody who was totally blind), might simply state under Personal Data, "impaired vision", along with other items such as "health-excellent, married." In this case, the client (even the totally blind one) is not giving misinformation. Technically, he does have impaired vision, he is simply not specifying the extent of the impairment. Using this designation of disability, the client will probably get more interviews than he would if he specified that he was totally blind in his resume. There is still the possibility that the potential employer will feel that the candidate has been less than honest and if so, the further question of whether the candidate, during an interview, can overcome this disadvantage. There will, of course, be no problem with this approach in the case of clients who have some functional vision but are legally blind.

c. The third option is for the client to include in his resume a specific section designated "physical defects". In this section, the client would specify the extent of his disability by a statement such as "totally blind", "legally blind", "able to read large print". Where such a statement is made, there should be a compensatory statement such as "totally blind, travel independently, and have set up a complete filing system in braille". The disadvantage of this approach is that it increases the difficulty of obtaining an interview. The advantage is that, when an interview is granted, it is done with full knowledge of the applicants visual disability and the implied willingness to accord him impartial consideration is based on his assets and abilities.

B. The second step the counselor can take in helping the client to obtain an interview is that of contacting the employer on the client's behalf. In this contact, the counselor's objective is not so much to get a commitment from the employer concerning the hiring of a client, but rather to obtain an interview for the client and to create a receptive attitude on the employer's part.

This requires a professional selling approach in which the counselor is essentially attempting to sell the employer on the idea of considering his client as a qualified applicant and agreeing to interview him on this basis. During the course of the presentation, the counselor will probably have an opportunity to answer questions on general areas of concern, such as mobility, safety, insurance, and the problem of how to terminate an unsatisfactory blind person. The counselor, because of his training and experience, should be able to deal with these questions more effectively than the client himself could. The employer also will often ask a sighted counselor about aspects of blindness which are of concern to him but which he would not ask of a blind person. The counselor can present specific evidence that professional and technical jobs can be performed efficiently without vision, by citing specific examples of blind persons successfully working in such jobs, especially those similar to the one his client is seeking. In any case in which employer resistance is anticipated, the technique of counselor intervention is by far the most effective means of obtaining an interview. This procedure also permits the client to specify the degree of disability in his resume without concern over the effect this might have on his chances on obtaining an interview.

3. The Job Interview: The final counselor responsibility in the placement process is the preparation of the client for a job interview. In discharging this responsibility, there are three areas in which the counselor can facilitate the client's preparation.

   A. Self Assesment: During a job interview, the interviewer will be making an all out effort to accurately assess the applicant's liabilities and assets as they relate to the job he is seeking. If, prior to this interaction, the client has made a conscientious effort to evalute his own strengths and weaknesses objectively, he will be better prepared both logically and psychologically to deal with the interviewer's questions. This assessment can be made in terms of characteristics and experiences that seem relevant to effective performance on the job being sought. Such factors as the following may be appropriate:

      1. willingness to assume responsibility.

      2. attitude toward routine work such as filling out forms, making reports, and keeping records.

3. attitude toward supervision; taking directions, being evaluated, being corrected, and being reprimanded.

4. ability to communicate with subordinates, associates and superiors. This would include the ability to listen.

5. interpersonal skills essential in obtaining cooperation and desired action from subordinates and associates.

6. ability to accurately identify the significant variables in problem situations, and develop specific procedures for an acceptable resolution.

7. ability to organize work in such a way as to facilitate efficient performance.

B. Assembling Background Information: Prior to the interview, the client should gather as much relevant information as practicable concerning the organization in which he is seeking employment. In the case of a manufacturing company, this might include knowing the nature of products, number of employees, corporate structure, value of annual sales, and profits. In the case of a public or private agency, usable information may be obtained from the chamber of commerce, manufacturing associations, Dunn and Bradstreet Reports, annual reports of the company, or company brochures. In the case of the public or private agencies, the best sources would seem to be from their own information brochures and annual reports. Any information the applicant can obtain about the person who will be interviewing him can also be very helpful. This would include information concerning community activities, interests, and hobbies.

Obtaining this kind of information not only gives the client a more realistic picture of the organization with which he is seeking employment, but a judicious introduction of relevant information during the interview can also be very effective in persuading an employer that the applicant is interested in him and his organization. It is extremely important to be certain that any information used during the interview is absolutely accurate and current.

C. Role Playing the Interview: In this procedure, the counselor plays the role of the employer and he, the client, presents himself as the applicant. The inter-

view should be recorded and played back to the client for the purpose of self assessment. Then the counselor can review the tape with the client and suggest ways in which the client's presentation might be strengthened. The effectiveness of this procedure will depend to an important degree, on the extent to which the counselor's portrayal of the employer approximates the behavior of an actual employer or his representative. An analysis of the interview from the employer's perspective can help the counselor to conceptualize the employer's role more accurately and will also provide criteria for assessing the client's performance. To the employer, the interview provides a means of assessing the candidate's capacity to perform the job he is seeking. Such an assessment involves the evaluation of relatively intangeable factors as motivation, emotional maturity, reliability, and interpersonal skills. Put another way, the employer is relying on the interview to provide him with answers to two basic questions: What can the applicant do, and what will he do once he is on the job?

Data bearing on the "can do" area is obtained from such relatively quantitative sources as psychological tests, intelligence tests, work performance with previous employers, academic performance obtained from grade transcripts and questions concerning the candidates job knowledge as derived from either training or previous experience. During the role play of "can do" materials, the counselor should make a special point of questioning the client on any negative information contained in his record of psychological test results, work experiences, or academic performance. In the area of job knowledge, the counselor will probably not know enough about specifics of the job the client is seeking to develop meaningful questions. If he feels that such questions are important with a particular client, he could probably develop them with the help of someone who is actually working on that particular kind of job.

There is another category of "can do" questions which must be included in the role play and which the counselor should be able to conceptualize rather easily. These relate to the effect of disability on the performance of relatively routine aspects of the job and related activities: How will you fill out forms? How will you make reports? How will you keep records? How will you get to work? How will you get to lunch? How will you get to the restroom?

An excellent example of the kind of questions that might be asked of a teacher candidate for a public school position, can be found in a study by Huntington (1972). He conducted a survey among public school administrators to determine what problem areas they would anticipate if they were asked to hire a blind teacher. The areas listed included the following: filling out written reports, giving examinations, supervising study hall, lunch room supervision, fire drills, discipline, and supervising extracurricular activities. In the role play, the counselor would express these concerns as questions, and the client would have to come up with a plausible, realistic answer. In the case of lunchroom and study hall supervision, they could be performed by teacher aides or the blind teacher may have to pay a teacher aide to take his place, or he might trade these responsibilities with assigned staff for some others that he could perform more efficiently. Fire drills could be handled by having students count off as they leave the room. Written reports might be handled by a paid volunteer or teacher aide. A blind person can work out ways of operating audio-visual aids such as an overhead projector or slide projector. In the case of giving examinations, the blind teacher might hire a teacher aide or volunteer to proctor the examination or the possibility of cheating could be reduced by giving an open book exam, or giving the students in alternate rows, different forms of true-false and multiple choice questions. With respect to discipline, which is often one of the more important areas of concern for an employer in this field, the client might point out that disciplinary problems are usually related to the degree of respect students have for the teacher and that he feels confident he will be able to earn their respect. He might further indicate that when he had a disciplinary problem with a student, he would first determine whether this student was having similar problems in other classes, and if so, the problem should be dealt with by the administration. If the student's behavior was only a problem in the blind teacher's class, then he would work with the student on an individual basis to determine the source of the student's difficulty in dealing with the course material, and if so, how it could be made more interesting or presented in such a way that learning would be facilitated.

Any blind student who is considering public school teaching as a career, or any student who is in the process of preparing for such a career, should read the excellent article on this subject by Kenneth Cross (1972). In developing role play questions relevant to the field of data processing, the counselor will find an article by W. H. Nichols (1970) very helpful.

In the assessment of "will do" factors, non-verbal data, such as appearance, grooming, posture, facial expression, gestures, tone of voice, and flow of words, are just as important as the content of the applicant's answers to employer questions. The importance of these variables is demonstrated by a list of negative factors

evaluated during the employment interview which frequently led to rejection of the applicant. They were collected in a survey of 92 companies in 1970 and were published by the New York Life Insurance Company. Among these were the following: poor appearance; limp, fishy hand shake; late to interview without good reason; overbearing; overaggressive; conceited; superiority complex, know-it-all; inability to express himself clearly; poor voice, diction, grammar; lack of interest and enthusiasm; passive, indifferent; lack of confidence and poise; and nervous, ill at ease. The employer will also use certain kinds of questions in an attempt to assess the motivation, emotional maturity, and interpersonal skills of the applicant. With these questions, the employer will be focusing not only on the verbal content of responses, but will also be sensitive to indicators of attitude and feelings, such as tone of voice, inflection, word choice, facial expression and gestures. Illustrative of this kind of questioning are the following, taken from a list of questions frequently asked during the employment interview.

1. Why did you choose your particular field of work?

2. Why do you think you would like to work for our company?

3. Who are your best friends?

4. What kind of boss do you prefer?

5. Are you primarily interested in making money, or do you feel that service to your fellow man is a satisfactory accomplishment?

6. Did you ever change your major field of interest while in college? Why?

7. Do you like to do routine work?

8. What is your major weakness?

9. Are you eager to please?

10. What types of people seem to rub you the wrong way?

11. What do you think about the importance attributed to grades in college?

In using this type of questioning, the interviewer is as much interested in the feelings he illicits as he is in the information contained in the applicant's reply. Take for instance, the question "What kind of boss do you prefer?". If the applicant replies quite emphatically, "Well, what I don't want is somebody who is always breathing down my neck!", the interviewer might justifiably assume that he is dealing with a person who over-reacts to the idea of having his performance evaluated by or taking directions from a superior.

On the basis of the foregoing considerations, the following guidelines are suggested. They can be helpful to the client in his preparation for an actual interview and may also be used by the counselor as criteria for evaluating a client's performance during a role play.

1. Be on time for the appointment.

2. A well groomed appearance is essential; appropriate dress, not drab, not gaudy; colors matching.

3. A firm hand shake. If you are totally blind, it is preferable to offer your hand. If not, you can rely on the employer's cues.

4. Be straight forward, sincere, and factual in your answers. Do not be evasive, defensive or non-commital.

5. Avoid gestures, mannerisms, postures which indicate nervousness, apathy, or indecisiveness such as drumming on the table, holding your hand partially over your mouth while talking, and inadvertantly looking at the floor instead of straight at the interviewer.

6. Be positive, responsive, interested, listen empathically.

7. Don't argue.

8. Don't make claims about job performance if you cannot prove it.

9. Don't ask about salary or fringe benefits during the early part of the interview. Wait until the end of the interview, and then if the employer has not mentioned it, feel free to bring it up yourself.

10. Do not fail to ask a meaningful question or two about the specifics of the job you are seeking--this indicates interest. In answering the employer's questions, avoid lengthy responses, particularly those involving personal experiences which are not relevant to the question being asked.

11. When you sense the employer is ready to terminate the interview, do not prolong it unnecessarily. If at this point you are uncertain of your status as an applicant, ask the employer for clarification--"Wellthen, may I ask if I am seriously being considered as an applicant for this job?". It is also appropriate to seek some clarification as to when the employer will probably make a final decision.

12. Finally, it is very important for any blind or visually handicapped person to be able to deal with his disability in an open, straight forward manner. If the interviewer does not directly ask questions about the subject, it is desirable that the candidate introduce it briefly at an appropriate point in the interview, preferably toward the beginning. You could indicate when the disability began, its cause, and you might mention one or two experiences which contributed significantly to your ability to function effectively in the sighted world.

CHAPTER III

PUBLIC AND PRIVATE AGENCY RELATIONSHIPS

Prior to an attempt to summarize the current coordinated efforts of public and private agencies serving the blind, it would seem germane to briefly review the historical development of these service delivery systems. The contemporary scene is one of great confusion, created by a variety of programs and the changing roles that have been thrust upon the private agencies. Undoubtedly, the extent of harmony among the agencies serving the blind is dependent on many factors including geographic locations, nature of the service programs and number of agencies involved in a specific community. A complete understanding of the diverse and complex picture of modern service programs would require a comprehensive nation-wide survey of all agencies providing services to the blind. Obviously, the scope of this chapter is not broad enough to undertake a city-by-city analysis of agencies, therefore, one must be content with some general statements concerning ways and means of furthering cooperative efforts in delivering services to the blind.

Traditionally, the non-governmental agency had the pioneer role of breaking ground in new avenues of service for the handicapped. These early programs originated from the interest of one or a few persons who recognized a need and sought philanthropic support to meet these needs. From such meager beginnings evolved many of the large multi-service agencies that exist today. The need for major stablized financing and the uniform provision of services in a broader area account for the rapid acceleration of public agencies and the concomitant change in roles of the non-governmental agencies.

Pioneer volunteers major interest in work for the blind was toward developing services for children, principally in the sphere of creating educational facilities. Notable among these early efforts was Samuel Gridley Howe's work in founding the Perkins School. The New York Institute and other schools for the blind were founded by private means; yet, today, the education of blind youngsters is considered to be the responsibility of the state. With the assumption of this responsibility by the states, there are only a few schools operated today under private auspices and these are largely funded through public monies. Not only did these schools provide quality education for the blind, but they proved that such educational facilities could be beneficial for the blind throughout the country. Consequently, today every state is legally required to provide adequate educational programs for the handicapped, including the blind.

Prior to World War I, there was a shortage of service programs for the adult blind. The plight of many such persons was met through employment in privately operated workshops; however in many parts of the country, such facilities were nonexistent. Thus, many of the blind were dependent upon private charities or their families for support. The impact of the war blinded veterans and the passage of the Civilian Rehabilitation Act in 1920 (P.L. 236 of the 66th Congress) marked the initial step of public agency involvement in the rehabilitation of the blind. Although this first step had been taken in the public sphere, the efforts of the early rehabilitation office were largely educational and the attempts to "train around the disability" did not greatly affect the socio-economic problems of the blind.

Many of the blind were still dependent on private philanthropy or sought their livelihood in volunteer sponsored workshops. In the main, these workshops had originated in connection with the private schools for the blind, and although many such facilities still operate today, the trend is toward public sponsorship of these programs.

At the turn of the century, Lighthouses for the Blind and similar private agencies were formed in many metropolitan centers across the country. These non-public programs offered multiple services for the blind and soon found themselves in competition with the public sector. With various sections of the state and federal governments assuming responsibility for increasing portions of the service programs, the Lighthouses were forced to modify their work with the blind to avoid duplication of service. This duplication of efforts and competition of programs did not, in every instance, assure each client of the service he required. Many individuals fell through the cracks between the public and private sector and were a long ways from achieving an independent status.

In 1935, the 74th Congress enacted Public Law 271, the Social Security Act. Undoubtedly, passage of this law had greater impact on the socio-economic life of the blind, than any other single piece of legislation. This Act placed the responsibility for income maintenance squarely in the hands of the public programs and reduced private efforts in this area to a supplemental role. Even though this legislation forced modifications in many private charitable organizations there is little room for debate that it provided at least a minimal economic base for the blind. In many instances this degree of financial stability enabled blind persons to work toward a more complete economic freedom and a responsible place in the community.

The private agencies hardly had time to adjust to the new role by 1943 when the Congress passed Public Law 113, the amendments to the Vocational Rehabilitation Act. Undoubtedly, this legislation provided the potential for either developing or destroying good

cooperative working relationships between the public and private sectors. That is to say, this Act expanded the state's ability to purchase services for clients and left it to the discretion of the indiviudal states whether to directly provide these services or to purchase them from private organizations. It would seem that this purchasing power of the state programs was interpreted as a threat by many private agencies. Conversly, the strong financial support by the public agencies and the demonstrated flexibility of private programs provides a very favorable climate for the development of sound cooperative working relationships.

At this time, a somewhat confused picture emerges with certain services still being duplicated by the public and private sectors. Such duplication may lead to an unhealthy competition for clients; However, there is general agreement concerning the jurisdiction over certain services. The functions of education, vocational rehabilitation, and financial maintenance are generally in the domain of the public agency. Whereas, recreational activities, guide services and provision of transportation generally remain the responsibility of the private sector.

Regardless of agreeing or not with the foregoing division of functions, the reader must agree with the necessity of close cooperative efforts on the part of both state and private agencies in the delivery of these vital services. No single program can provide the total answer for the question of the rehabilitation of the blind, and this interdependency of agencies should be recognized. It appears that contemporary service programs have reached a crossroad and must decide which path will lead to the greatest utilization of combined services for the eventual rehabilitation of the blind.

Vocational rehabilitation was originally conceived and is currently practiced as a community activity. The rehabilitation worker who wishes to integrate his blind client back into the life of the community cannot afford to ignore this community. A disservice is done to the client when one agency attempts to meet all his needs and refuses to acknowledge that some other program may be better equipped to provide assistance in certain areas.

Professional staff in either a public or private setting must maintain flexibility in the delivery of services and utilize all of the resources that will lead to maximal rehabilitation of the client. Some "professionals" give the impression that there are "sacred cows" or untouchable phases in the delivery of services. Perhaps they should be reminded that innovation and implementation are the keys to progressive programs. The vital factor of community involvement can not be underestimated. No worker, either public or private, is

providing the client his best efforts if he occasionally does not see the need to make referral to other organizations.

This discussion has centered primarily around the benefits accruing to the client when the cooperative climate is favorable. No apology for this is required since the only excuse for the existence of service programs is the client. However, the scope of the problem is much greater than direct client services and the leadership in both the public and private spheres express concern in achieving effective, viable, joint working agreements that will lead to an improved service delivery system for the blind and visually impaired. Few question the need for this cooperation, but few can supply a model for developing this ideal plan. A brief exploration of some of the areas requiring increased efforts and some discussion of possible techniques that might further good working relationships would seem to be in order.

RESPONSIBILITIES AND AGREEMENTS

One important area of responsibility of the private organizations in the legislative support of the public programs is their constant struggle to obtain adequate funding to meet the increasing demand for services. The impact of a united community is reflected in more favorable congressional appropriations to public projects and this can lead to expanded and more adequate programs of services. This expansion is also felt in the private sector since much of the funding in private projects is dependent upon the purchasing power of the state agency.

Since it is the nature of public programs to be somewhat more structured than their private counterparts, it is essential for the state to continue to support the research and demonstration activities of the non-public agencies. The relative degree of flexibility of the private organization makes it a much more desirable vehicle for carrying out new research projects. However, such projects are expensive and will continue to require strong state and federal backing if new methods are developed to cope with the growing and changing demands of the blind.

In respect to written agency agreements or mutual service contracts, it is difficult to isolate a model that would fit all situations. In some areas there are many fine examples, whereas in other parts of the country such documents are virtually non-existent. Suffice it to say that written agreements should spell out the obligations of each party and define the mutual goals of the agencies involved. There are two other important aspects of written service contracts that are sometimes overlooked. First, although it is true that written preparation of such documents is an administrative matter, it is imperative that the full staff be

cognizant of the contents of this agreement. Many times the relationship of two programs have been impaired because some staff members were unaware of the existence or provision of a written agreement. The second tenet is the maintenance of confidentiality of case information. Interagency relationships have been sadly disturbed by the failure of some "professionals" to keep his own or some other agency's information confidential.

Obviously interagency agreements are necessary to delineate the roles of respective service programs and improve coordination of joint agency activities. Another means for furthering cooperative efforts is the current adoption of an on-going state wide plan for development of facilities. Such a plan of facility development is most effective when representatives of both the public and private sector are involved from the inception of planning. This continuous joint planning effort will provide greater coordination of services and more effective use of funds. Most states have developed a set of standards for facilities. These guidelines follow closely the "Standards for Rehabilitation Centers and Facilities", developed by the Association of Rehabilitation Centers and "Standards for Rehabilitation Facilities and Sheltered Workshops", adopted by the U. S. Department of Health, Education and Welfare.

With Public Law 89-333, the Congress of the United States amended the Vocational Rehabilitation Act and authorized (Section 12 (g) (1) of the Act) planning grants for the purpose of paying part of the cost of organized efforts by the State Vocational Rehabilitation Agencies to make an inital determination of the state's needs for workshops and rehabilitation facilities, and to provide for a continuing program for assessing such needs and evaluation activities for establishment, construction, utilization, development and improvement of workshops and rehabilitation facilities. This state-wide planning effort should lead to more strategic placement of both public and private facilities and greater utilization of these resources in the rehabilitation of the blind.

In the metropolitan areas it seems essential to establish a clearing house for social services or some central point for the distribution of information. Acceptance of this concept places upon each participating agency the responsibility to provide a clear-cut description of its services, personnel, office locations, and other pertinent data necessary for the discriminating processing of referrals. This type of clearing house can fulfill the functions of a "Social Service Supermarket" by referring individuals to appropriate service programs, and in addition, can maintain a central registry of blind and visually impaired clients which will minimize duplication of services. This project demands close joint efforts from both the public and private sectors if it is to meet its obligations and provide effective service to the agencies involved.

USE OF VOLUNTEERS

Another area that is being utilized to a large extent today by the public agencies is that of volunteer direct-client services. Examples of this program would be the transcribing of printed material on tape and braille for college students. Most of the regional libraries for the blind and physically handicapped are using such voluntary organizations extensively.

Also, many rehabilitation agencies rely on volunteers to extend regular service programs into recreational and vocational activities for the blind. It would behoove a state to take advantage of this free volunteer service and it is well worth the cost of a staff member to organize such volunteer groups.

Although the use of volunteers is gaining in popularity, it is felt that this vast potential segment of manpower is still virtually untapped in many sections of the country. In 1970, a U. S. Department of Labor survey reported that volunteers contributed, based on salaries to paid workers, the equivalent manpower production of 18 billion dollars. By 1984, it is indicated this figure may reach 35 billion dollars. These substantial dollar figures should convince any skeptic of the value of volunteer workers in extending the efforts of paid staff.

With the current emphasis on the right of the consumer to participate in the program development of the agency serving him, these volunteer, non-paid staff persons may have another valuable function. That is to say, such citizen participants do not have the vested interest of paid staff and, to a certain extent, can serve in the role of client advocates.

The development of an effective volunteer program in either a public or private setting does not "just happen", but requires as much energy, thought and planning as implementating any other segment of the regular service program. Space does not permit a thorough examination of methods involved in screening, recruiting and training non-paid staff or describing the variety of ways in which they can be effectively used in work for the blind. It should be stressed that volunteers are not merely an extension of the professional staff. In fact, these workers constitute a service unit within themselves. A unit which can in many instances achieve objectives that would be impossible for paid staff members. Although these workers are referred to as "non-paid", many states have found it worthwhile to "pay" such volunteers through reimbursement of their expenses.

Aside from program enrichment and the improved quality and quantitiy of services to clients, there is an additional plus factor for the agency that is deeply involved in cooperative ventures with other agencies. This is the monitoring of program effectiveness which is a by-product of agency interaction. That is to say, when agencies share services, exchange information, and mutually refer clients; there is feedback of information which provides a

picture of the effectiveness of services in specific situations. Such feedback information can be a valuable adjunt in program evaluation. Every agency, either public or private, should consistently strive to maintain an on-going program evaluation to assure that the services exist for the benefit of clients and not for the perpetuation of the agency.

To summarize the current state of agency relationships, it appears that programs both in the public and private sectors are in a state of change. If maximal effectiveness is to be derived from the present level of financing, it is imperative that interagency cooperative efforts be continued and strengthened. In short, increased cooperation between the state-federal programs and the private sector is essential in developing improved service delivery systems for the blind and visually handicapped in this nation.

CHAPTER IV

MANPOWER

There are tremendous needs for manpower in service delivery programs for the visually disabled. And these demands are extensive both in size and in scope. Manpower needs extend from the recognition phase of visual disability, through the treatment phases, to education, social and recreation aspects, to the vocational, counseling, training and rehabilitation of the visually disabled.

Service programs require a number of various professional experts, in a variety of settings, providing a flexible array of services to an ever changing number of clients. These various services cannot be provided in isolation or they will not effectively meet the client's needs. They must continuously be interrelated with the other services being provided to the individual client.

STANDARDS FOR MANPOWER

A realistic concern relating to delivery of services to the blind and visually disabled client must be the qualifications of those professionals. What are the minimum qualifications for each needed professional and discipline? What should be the qualifications of each professional's supervisor? What effect does the agency setting have on the staffing pattern or ratio to clients being served?

These are all manpower concerns and are questions that have many answers. Considerable attention has already been given to these concerns about standards for provision of professional services in a variety of settings. The reader is referred to The COMSTAC Report: Standards for Strenthened Services as published by the Commission on Standards and Accreditation of Services for the Blind, 1966.

As this document gives some specific and detailed answers to the above questions, further discussion will not be included here. It is enough to state that there are increasing manpower needs and standards have been previously published.

The National Council of State Agencies for the Blind has stated that the typical state agency for the blind essentially has two broad purposes:

1. to prevent visual disability wherever and whenever possible;
2. when serious visual disability has not been prevented, to arrange the provision of all necessary services to ameliorate the seriousness of visual disability.

Our present society is characterized by great and rapid change. Social programs which have been in existence for years, and in some cases decades, are being reevaluated, reorganized, restructured and redirected. New societal priorities are being established and these pressures are being felt in agencies concerned with rehabilitation of those members of society who are blind or visually disabled. These demands for change in organizational structure, and procedures for delivering services are being made simultaneously with increasing demands for services in greater number and variety than ever before. And all of these demands are being placed upon the agencies at a time when very clearly defined limits, both governmental and societal, are being placed upon the resources which are being made available to agencies to meet these broad demands.

At the same time agencies are being asked to provide more and better quality services, they are being deprived of the long standing federal program of funding for the training, both inservice and preservice, of the manpower which they need to meet these service demands. As this is written, all training programs funded and supported by the federal government throughout the broad rehabilitation spectrum, are being phased out of existence by termination of financial support.

Rehabilitation agencies for the blind and visually disabled are today working with even larger numbers of people, and those disabling conditions are of increasing severity and require increasing periods and varieties of services in order to be rehabilitated. This range of services cannot be provided by a single expert or group of experts who have similar skills. Services that are effective in the rehabilitation of the blind and visually disabled today require a broad variety of highly diversified and highly skilled professionals. And none of these are available in sufficient quantity or quality.

Rehabilitation agencies for the blind and visually disabled are not unique in finding themselves in this cost-service-manpower dilemma. Increasingly, those agencies who find that they need the coordinated and integrated services of workers from several different professional disciplines are turning to the establishment of interprofessional teams. Because of this trend, it would appear to be worth while to take a closer look at such a "team" approach and its possible application to providing services to the blind and visually disabled.

WHY A TEAM APPROACH?

The interprofessional team is a useful approach of some importance because it is a way of getting more effective services to the visually disabled. It is a way of making a greater range of

services available to the individuals being served. There is an increasing desire to bring a variety of needed specialized services under one interprofessional delivery team to insure comprehensive rehabilitation services.

Requisite to the team approach is a number of people who share common or compatible goals and similar ideas about how the needed services should be linked together. This means that staff, who are familiar with the unique expertise of several professions and/or services and who recognize that an associate may be more appropriate for a client's needs, are increasingly in demand. The need is for professional rehabilitation workers for the blind who can collaborate as a rehabilitation team because they understand each other's language and procedures. In other words, each professional maintains his own unique competence and professional responsibility for his specific services. But in so doing, attempts to make certain that his professional contribution and performance of responsibility contributes to the overall "team" effort.

The team approach also means learning about teamwork. And that includes developing relationships with colleagues, understanding their expectations and their standards, as well as the demands of the employing agency. All of this must occur simultaneously with the individual member's involvement in his own profession and the principles of independence he received from his own professional training.

It is then obvious that just bringing together a group of professionals from the needed disciplines will not insure that the interprofessional team will in fact function as a team. To understand the team operation, it is necessary to understand the professional team member--both as a professional and as a person.

ORIENTATION TO THE TEAM

The reason for the establishment of the rehabilitation team is to accomplish rehabilitation of the visually disabled more effectively and efficiently than could be done by the individual team members working independently. Thus, the common goal requires that certain specific rehabilitation tasks may be required of people in one field more than those in another. However, each team member comes to the team with his own professional knowledge or skill, with authorization by some professional or disciplinary group, and with the ability to perform a series of "appropriate" tasks to his field. Not only is a professionally trained individual expected to have specific skills but also he is expected to know what he is unable to do, and when to defer to a colleague's skills. With the rapid increase of knowledge and the development of rehabilitation procedures has come a demand for new disciplines or skills.

TEAM WORK

At the heart of the effectively functioning interprofessional team is team work. Horwitz (1970) defines teamwork as "the joining of essentially dissimilar skills which colleagues in diverse occupations bring to bear upon different aspects of common problem". In true team situations, each professional practitioner is thus concerned with enhancing the achievement of his colleagues. There is a smooth flow of thinking and communication between the team members and a sharing of useful concepts, ideas, and work.

Horwitz (1970) lists a number of worker characteristics which are thought to ensure team solidarity. These include:

1. Attitudes toward the work itself

    a. Dedication to a common ideal or problem
    b. Willingness to share the client
    c. A professionally receptive outlook
    d. Flexibility
    e. Willingness to learn
    f. Willingness to accept decisions by consensus

2. Attitudes toward colleagues

    a. Respect for colleagues
    b. Confidence in colleague's good will
    c. Confidence in colleague's competence

3. Personal qualities

    a. Personality of the outreaching type
    b. High-level communication skills and willingness to use them
    c. Professional self-respect
    d. Self-confidence
    e. Personal professional competence

When these personal characteristics of the team members are blended within the framework of the team's primary goal; namely, the maximum service extended to those blind and visually disabled clients being served, the team can be said to effectively function. This is the yardstick against which all other team values are to be measured. Within this personal and joint goal framework the team is to operate and function. Obviously, there must be a pragmatic practicality about the work of the team in providing services. The individual tasks of members may not be clearly in their professional disciplines' boundaries, or there may be a shared responsibility for services provided. Certain agency policies and organizational structures will have to be maintained and limits set on the team's activities. However, individual team members will have the opportunity for wide use of their professional judgment in serving the team's clients.

It must be remembered that the personal characteristics of the professional have some influence upon what is considered as being appropriate for the individual client. One professional member of the team might see one course of action appropriate while another might see just the opposite approach appropriate--and they might both be correct based upon their rationale! The services provided may then depend upon who wins the professional debate--and not the needs of the client. For this reason it may be useful to have a number of overlaping "teams" in operation. There may be the intra-agency "team" that is concerned with the client services provided from only that agency; and members of that "team" may also, and hopefully will, be members of a larger inter-agency team concerned with the broader aspects of the client's needs. These teams may be thought of as a community team and would include representatives of all of the helping professions.

GETTING THE TEAM ORGANIZED

Horwitz(1970) indicates that rehabilitation's distinctive philosophy emphasizes the importance of coordinating, assesment, treatment and evaluation along physical, psycho-social and vocational lines. All of this is to be done at different stages; and as the case develops, greater emphasis is given to one or the other of these components.

This kind of an undergirding philosophy and commitment to the needs of the visually disabled must be the starting point for the organization of the team. It should also be clearly pointed out that the team may be based upon the needs of a group of citizens of a particular community and the determination to meet those needs on the part of a few concerned individuals are all that is needed to begin organizing a team.

In the process of getting the team organized and actually functioning, however, there are some interesting parallels to the study of the growth of group activity. These would appear to be of some value in trying to insure that the development of a team in an agency or community to meet the needs of the blind would have a chance to survive.

The National Training Laboratories (1958) have identified some dimensions of group growth which appear to be useful. They are:

1. Intercommunication between members of the group

    a. Mechanics of communication--vocabulary, rules of procedures, semantic sensitivity.

    b. Permissiveness for all members in expressing fears, needs, concerns, ideas to the group.

2. Group objectivity towards its own functioning

   a. Ability by all members to make and accept interpretation about members and group functioning.

   b. Ability to collect and use appropriate process information.

3. Interdependent responsibility by all members for

   a. Sharing leadership functions--direction setting, being a resource of the group.

   b. Achieving skill in flexible adjustment to member and leader when required by the group at various stages of group production.

   c. Achieving mutual sensitivity to the needs and styles of participation of the members.

   d. Distinguishing between member role contributions and personality characteristics.

4. Group cohesion adequate to permit

   a. Assimilation of new ideas without group disintegration.

   b. Assimilation of new members in a way to strengthen rather than disrupt the group.

   c. Holding to long-range goals.

   d. Profiting from success experiences.

   e. Learning from failure experiences and setting of realistic goals.

   f. Making constructive use of internal conflicts.

5. Group ability to inform itself and to think straight and decide creatively about its problems.

   a. Utilizing contribution potential of all members.

   b. Discovering and utilizing appropriate resource materials and persons.

   c. Detecting and correcting fallacies in group thinking.

6. Group ability to detect and control rhythms of group thinking.

   a. Fatigue, tension, tempo, pace, emotional atmosphere.

7. Skill in recognizing and achieving control of significant sociometric factors in its own group structure.

8. Satisfactory integration of member ideologies, needs, and goals with common group traditions, ideology, and goals.

9. Group ability to create new functions and groups as needed and to terminate its existence if and as appropriate.

While these dimensions would appear to be a kind of check list against which to plot the growth of development of the team, there are some specific pitfalls included in these which must be of concern. First and foremost, the team is to plan an effective way to provide the needed services with clients. This means that social forces and pressures are going to be involved in planning and implementation of that planning by the team. Thus, the results of team efforts are directly dependent upon team capacity and ability to devise some system for getting the job done. The final and decisive test of effectiveness must be whether the person being helped is better served by the team

This requires that client services, the role of each member of the team, and the flow of work from one member to the next depending upon the needs of the client being served, while all separate, must fit into the total design of a service program. This may require that several "plans" of work may be set up to provide for the variety of services to meet the needs of the client. The planning of service and work flow is, and must be, dependent upon the effective and accurate communication between members of the team.

The individual personality of the team members must be well understood by each member so that communication will be open and complete in regard to the services provided the client and his progress. It is likely that several members of the team will thus be in effect evaluating the outcome of previous efforts of team members. Feedback must be given to the team in such a way that the team and it's members are provided with useful and team strengthening information. Such communication must not be allowed to be an excuse for mobilizing the anxieties of individual team members, or this will ultimately lead to the team becoming concerned about its own members and impair its reason for being--to serve the blind and visually disabled.

It is worth noting that it is difficult to determine whether a specific action is one of genuine or pseudo team work. This is a

continuing problem when different styles of leadership are utilized in the team. Over a period of time the real performance of the individual team member can be measured through effective communication, group evaluation of itself and its members. In the effective funtioning interprofessional team, its members are not only working with the clients being served but with other team members. They also are involved with their individual professional reference groups, the overall agency of which their team is a part and the total community in which the team functions. The "pure" role of each of the professional disciplines may be inappropriate for a given team and its members. Thus, roles and role definition will be changing according to team dictates and client needs. It may thus be less important to determine the precise role of an individual and more important to determine a collaborative role. Bennis and Shepard (1965) have summed it up nicely. "Dependence and interdependence--power and love, authority and intimacy--are regarded as the central problems of group life." It would seem that these are the ongoing problems of the team and must be dealt with in a productive way if services provided to the client are to be of an effective quality.

LEADING THE TEAM

Lippitt (1955) has identified several approaches to leadership, he includes the following:

1. The Trait Approach - a listing of traits that make for "good" leadership. Studies indicated that a variety of persons with different personality, environmental, and hereditary backgrounds can make successful leaders. Thus it appears to be inadequate.

2. Situational Approach - based upon the hypothesis that different situations require different leadership behavior. Two forces account for being in a leadership position: personal drive to become a leader, or finding oneself in a leadership position as the result of external forces. Usually both factors are at work.

3. Behavior Approach - analyzes the kinds of functions people carry out in positions of leadership. Based upon four major functions:

    a. Symbolic function i.e. Queen of England serves as for the present.
    b. Decision making function.
    c. Giving information or advice.
    d. Initiating plans.

4. Styles-of-Leadership Approach - three styles of leadership:

   a. Autocratic - decision making function resides in leader.
   b. Laissez-faire - decision making function resides in the individual.
   c. Democratic - decision making function resides in the group.
   d. Leaders tend to vary their behavior according to the situation.

5. Functional Leadership Approach - seeks to discover what actions are required by groups under various conditions if they are to achieve objectives and how the individual members take part in these actions.

From the point of view of the interdisciplinary team and in terms of the goals of the team, the functional-leadership approach would appear to be more compatible with the effective operation of a service delivery team.

ROLE AND COMMUNICATION PROBLEMS

While there will be different patterns of organization, different professional disciplines, and different styles of leadership, every effective team requires open and forthright communications.

Role expectations clearly will affect the sharing of information and sharing of ideas. If the individual team member is not clearly aware of his role and the role of the other team members there will be impaired communications. Also, if he is in disagreement with the role that the team has given him he will find it difficult to be a fully communicating member of the team. This modification and clarifying of the role is an ongoing process for the team, and will be of importance in losing or gaining a new team member. Horwitz (1970) says it very clearly when he states, "the effectiveness of intrateam communications clearly is dependent upon characteristics of senders, receivers, and of messages as well as of the situations in which people attempt to share facts, opinions and sentiments."

Another aspect that affects team communication is the personality, the outlook and beliefs of the individual members. Sometimes the individuals' professional background prevents him from sharing his role with members of the team. Or his own personal goals may be in conflict with those of the team. Perhaps he may see his own role in a broader scope than the team has given him to play. He may view the team as a worthwhile or appropriate service delivery mechanism or as wasteful of his individual time. These are all examples of problems that will impair the free flow of effective communication.

COMMUNITY DEVELOPMENT AND THE TEAM

There has been a considerable amout of publicity about community development, particularily since the early 1950's. It was originally hailed by some as the answer to resolving the problems of the community--including those of the disabled--and to be a means of improving the individual members of the community. It is now apparent that these high expectations are not to be realized very soon or very easily. In recent years, community development has come in for some harsh criticism, particularily from those who have taken a close look at field situations.

Community development is still a powerful institution and as such merits our attention for improving the services provided to the blind and visually disabled. Simply stated, there is a great deal of verbiage about community development but "hard' information is difficult to develop that can assist in thc building of a rehabilitation team.

Batten (1957) sees community development as a "process of increasing people's satisfactions...and enlargement of individual freedom." American writers are even more extravagant in their description of community development.

There are some trends that can be identified, however. Generally speaking, community awareness has an impact upon the kind and level of services that are provided. This impact then will bring about change in regard to providing for community concerns. Particularily in areas of human need, community awareness seems to result in the desire to remediate the need.

Thus, community development is worthwhile because it tends to bring about awareness. As this awareness is developed and broadened, and as various needs are identified that need to be met, this can provide the opportunity to expand the team concept through appropriate team work. It can be argued that there is a void in some communities due to curtailment of recent programs designed to assist in the development of community awareness. It may be that the interagency rehabilitation team concerned about the broad needs of the blind and visually disabled can fill this role in the community. Thus, the community development role of the team is an outgrowth of the concern for the rehabilitation needs--and possibly a greater contribution to the total community than the rehabilitation of a single client or individual.

SUMMARY

The team as it has been discussed here has been conceptualized as the interdisciplinary team making their own unique contribution to

the services needed by the individual client. While the client may not need all of the services represented, team members need to be involved if only to dentify needed services and make professional judgements. Further, knowledge is needed in terms of developing team and community awareness as to unmet or underserved needs of clients. Finally, the team as discussed includes the client, the counselor, the teacher-counselor, the workshop evaluator, the mobility specialist, the business enterprise supervisor, workshop administrator, ophthalmologist, social worker, psychologist, and also the para-professional staff tht may assist any of the above professional individuals. The true interdisciplinary team as conceptualized here is all of the above working in a cooperative and complimentary way to meet the needs of the individual client; and in so doing, identify unmet needs that require services to be provided by the community and to communicate those service needs to others who may assist them in meeting those needs.

CHAPTER V

POPULATION IDENTIFICATION METHODS

All rehabilitation practitioners have a critical need to know how many blind people reside in their service area. They should also have some idea about the characteristics of the blind population such as age, etiology of blindness, and employment status. Without this information, a counselor does not know if he is allowing blind people who need service to go unserved. Rehabilitation workers must continually evaluate their case-finding techniques by comparing their caseloads with the make-up of the total blind population in their area. An administrator must have hard data regarding the blind population in his service area or state if he is to make sound decisions regarding the deployment of staff, the best use of fiscal resources, and to plan for changing service needs.

National studies are an important source of data, as is the data collected in those states which have a register of the blind. But how can a state which does not maintain a register make a reliable estimate of the blind? If national prevalence rates are projected downward for a community it is with the assumption that the make-up of the blind population in the community is precisely the same as the area on which the national prevalence rate is based. Frequently, time and local resources are not available to systematically collect data on all blind people. In such situations limited local data is often available that can be used to check the applicability of national prevalence rates to determine the relevance to a given locality. Professional workers with the blind are fortunate in that many agencies and organizations maintain data on various segments of the blind population. This chapter will point out how to obtain and interpret local data which is available to any professional worker or administrator. The information which is available will vary slightly among states, but for the purpose of this chapter California will be used as an example.

When the prevalence rates developed by the various studies were used to calculate the estimated number of blind in California, as shown in the table below, a wide variation existed in the estimated number.

Source	Prevalence Rate per 1,000 Pop.	1972 Estimated Number of Blind
Robert A. Scott (1965)	5.5 (U.S.)	112,880
National Health Survey (1963-1965)	5.1 (Western Region)	104,670
National Society for the Prevention of Blindness Fact Book (1971)	1.84 (California)	37,765

Source	Prevalence Rate per 1,000 Pop.	1972 Estimated Number of Blind
Model Reporting Area Statistics (1968)	1.5 (16 states)	30,785
Trouern-Trend (1968)	1.3 (California)	26,680

The highest prevalence rate produces an estimate more than four times greater than the lowest prevalence rate. Even if one depends upon the prevalence rates developed for California, the National Society for the Prevention of Blindness rate (1.84) estimates 11,000 more blind than the California rate prepared by Trouern-Trend (1.3). The wide variations in numbers exist because of the different definitions of blindness and methodologies used. These studies, however, can provide a starting point in making an estimate for any locality.

Obviously, the first step in developing a method to estimate the blind population is to research thoroughly the studies which have been done paying particular attention to the definitions, biases and methodologies used. The following is a brief description of the sources used in the above table. It is followed by a brief description of data relating to the blind which is available in California. This is followed by a discussion of how the data can be used to estimate the blind population.

SOURCES OF NATIONAL ESTIMATES

Model Reporting Area for Blindness Statistics

The Model Reporting Area for Blindness Statistics (MRA) is a voluntary association of 16 states, started in 1962, which have adopted a uniform definition of blindness, collected specific information, and agreed to use certain techniques in their registers. They also subscribe to a standard classification of causes of severe visual impairments and blindness prepared by the National Society for the Prevention of Blindness. The MRA states include Connecticut, Georgia, Kansas, Louisiana, Massachusetts, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oregon, Rhode Island, South Dakota, Utah, Vermont and Virginia.

The term "blindness" used by MRA is the so-called legal definition of blindness and requires that the better seeing eye has a distance vision of 20/200 or less when aided by the best spectacle correction using ordinary lenses, or a visual field of 20 degrees or less at the widest point. The register does not include persons with progressive eye conditions which do not yet meet these specifications. The data is reported on the total number of blind on the register of each state at the end of a calendar year including additions and removals from the register. These data are broken down by age, sex, race, age when blindness occurred, and major cause and rate per 100,000 population.

The members of MRA are aware that the number of blind persons are under-reported, however, they do not have any studies to date to indicate the extent of the under-reporting. MRA considers their figures to be the "registered blind". It is probably the best source on the number of new cases or incidence of blindness, if one realizes MRA "incidence" is blindness at the time a person becomes known to a register, not necessarily when the loss of sight occurred.

National Soceity for the Prevention of Blindness

The National Society for the Prevention of Blindness (NSPB) in its "Fact Book" publishes prevalence rates for each state and an estimate of the blind by state. These estimates are based primarily upon the work of Ralph G. Hurlin, who used as a base the blind register of North Carolina, and to a lesser extent the registers of Massachusetts and New Hampshire, with arbitrary weighed factors to project the blind population of other states.

Trouern-Trend

Kenneth Trouern-Trend in his report "Blindness in the United States" also developed prevalence rates and estimates of the blind by state. Trouern-Trend based his prevalence rates on an extrapolation of data from the 1966 Model Reporting Area for Blindness Statistics. A major problem in his method appears to be inadequate consideration for the known under-reporting in the MRA registers. Data now available show the 1966 MRA data to be one of the low points in the period of time MRA statistics have been published (1962-68).

National Health Survey

Data obtained from the National Health Survey (NHS) are derived from household interviews of a sample of the civilian non-institutional population of the United States. They also publish regional data periodically. The 5.1 prevalence rate shown above for the Western Region is based on the National Health Survey definition of severe visual impairments. For a person 6 years of age or older a severe visual impairment is one which prevents a person from reading ordinary newsprint even while wearing glasses. For a person under 6 years of age, or who has never learned to read, a visual impairment is one which was reported as "blind in both eyes" or one for which a reply indicated no useful vision in either eye.

Robert A. Scott

Robert A. Scott's estimates are based on the National Health Survey and are primarily judgmental ones to correct over-reporting and the omission of institutionalized persons and children under five.

SOURCES OF LOCAL ESTIMATES

Data and its source which relate to segments of the blind population in California are described briefly below. Similar sources of information exist in most other states.

Social Service Assistance

In California, the Department of Social Welfare (SDSW) publishes monthly and annually a report by county on the number of recipients of all aid programs, including Aid to the Blind (AB). In 1967, SDSW did a study of the AB population and a more thorough socio-economic study in 1970. These studies contain information on the causes of blindness and service needs of the AB recipient. Thirty-two states participated in the 1970 study which originated under the auspices of the National Center for Social Statistics of the Social and Rehabilitation Service of the Department of Health, Education and Welfare. Although this is a select group of blind, useful inferences can be made from these studies and comparisons can be made about the changing needs of the blind population between the two periods.

State and Local School Programs

The Bureau of Physically Exceptional Children of the California State Department of Education annually conduct a registration of blind students enrolled in public, private, and state hospital operated schools. Public Law 84-922, an Act to Promote the Education of the Blind, designated the American Printing House for the Blind (APH), Louisville, Kentucky, as the source for special books, educational aids, and devices for blind students. Federal funds are appropriated annually to the American Printing House for the Blind to produce this material and equipment. On the basis of the number of blind students registered with APH, each state is allocated a portion of the national appropriations. The blind student must be registered in order for the State Department of Education to obtain it's federal per capita allotment. This by-product is a reliable count of blind students from kindergarten through high school.

Regional Deaf-Blind Centers

Regional deaf-blind centers such as the Southwestern Regional Center headquartered in Sacramento, do an excellent job of locating deaf-blind children. These centers prepare reports on the number of deaf-blind children and report them by local area.

Departments of Public Health

By law, a number of diseases must be reported to Departments of Public Health, thus providing a source for data on congenital rubella

syndrome in infants and retrolental fibroplasia over a period of time.

Social Security Administration Offices

These offices can provide estimates on the number of worker allowances made by states for disability payments as the result of blindness.

State and Local Income Tax Collection Agencies

The Franchise Tax Board in California receives from the United States Internal Revenue Services, on a sample basis, data on the number of state and federal income tax returns in which a blind exemption is claimed. According to the Franchise Tax Board 12,547 federal returns were filed in 1969 in which a blind exemption was claimed; 4,403 filed state tax returns claiming a blind exemption. Since mandatory withholding applied to federal taxes, the 12,547 includes individuals who filed for a tax refund only. It was possible to adjust the national figure by eliminating those filing for a refund only, those with blind dependents, and those age 65 and over in order to arrive at an estimated 7,440 blind between ages 16-64 who worked and earned at least $1,700 if single and $2,300 if married. Of the 7,440 there were 4,403 who paid state income taxes. This group must have earned at least $3,200 if single and $6,500 if married and did not have to file unless they earned this amount.

Area and Local Centers

These centers can provide estimates of the multi-handicapped blind.

State Employment Security Offices

State Employement Security Offices are beginning to collect data on the employment status of handicapped people. Before using this data, however, the definition of blindness should be reviewed.

Veterans Administration

State Departments of Veteran's Affairs can provide useful data on this segment of the blind population.

Vocational Rehabilitation Agencies

Paricular attention should be given to those people not successfully vocationally rehabilitated. A study of this group might indicate the need for non-vocational services.

ESTIMATING THE PREVALENCE OF BLINDNESS

The purpose of this section is to discuss a methodology which could be used to estimate the number of legally blind in a given area. A convenient beginning might be to research the National Society for the Prevention of Blindness and Trouern-Trend Studies because both used the legal blindness defintion and have developed prevelance rates. It is necessary to develop local data which can be used to verify the reliability of either one of these rates.

As a first step in this process actual data on school age (5-17) blind children available from the Department of Education and the Southwestern Regional Deaf-Blind Center was reviewed. Fortunately, the data was prepared in such a way as to eliminate overlapping, i.e. a deaf-blind child in a public shcool was not counted twice. With help from the staff of these agencies, a factor to compensate for under-reporting was introduced. When these figures were compared, by age, with the estimated number from the NSPB and Trouern-Trend estimates, they fell between the two estimates. The under five age group was extrapolated from known data for age 5-9 and Public Health data on effects of retrolental fibroplasia and the rubella epidemic in 0-4 age groups.

By using actual data where available from public agencies and estimates from others, a base line figure of the number of blind of working age (18-64) was prepared. It seemed logical to assume an estimate would be larger than this figure because not all blind of working age would be known to public agencies. Estimating the working age blind using Trouern-Trend's prevalence rate resulted in an under-estimate of this group. But was the number as high as the NSPB rate indicates? Further research indicated the NSPB rate to be slightly high.

The NSPB prevalence rate, which uses the South Carolina register as a base to estimate the blind in California, was further researched because South Carolina has consistently had a high MRA prevalence rate, from 2.2 per 1,000 in 1962 to 2.1 per 1,000 in 1968. On the other hand New York, which became an MRA member in 1968 and which more closely resembles California in size, had a 1.6 per 1,000 MRA prevalence rate in 1968. Another indicator that the NSPB California prevalence rate may be too high is data from the National Health Survey (NHS) of individuals with severe visual impairments, which show the states in the Southern Region to have a prevalence rate almost twice that of the Western Region. In fact, the states in the Western Region more closely resemble the Northeastern states. This finding has also been verified by the 1966 Social Security Administration Study of the Disabled.

In the next step, the population 18 and over in the MRA states in the Northeastern Region was compared by age group with California's

population age 18 and over. Further comparisons by state and the total MRA states revealed the age structure of the combined 16 MRA states, particularly under age 65, approximated California's age structure more closely than any individual state. These 16 states represent 30 percent of the national population. Seven states are located in the Northeast which balances the four southern states with higher MRA blind prevalence rates.

An estimate of the number of adult blind in California was then prepared using the combined adult MRA experience, by age group, with a conservative upward adjustment for known under-reporting. The result was a figure slightly less than the NSPB estimate. Data available from local sources about the 18-64 year old group; i.e. AB caseload, Social Security Disability allowances, income tax return, and Department of Rehabilitation case records, appear to place the estimate for the working age group within acceptable limits. It may be a low estimate of the aged blind. While about half the estimated number age 65 and over receive AB, very little is known about the blind in other public programs. This makes it difficult to establish a reliable base figure. An Old Age, Survivors and Disability Insurance beneficiary is moved from the disability category to the retired category at age 65 and information on disability is not maintained. A person receiving Old Age Assistance who becomes blind after age 65 probably remains on that program and is not identified as other than aged. Very few of the aged blind work and, of course, many are supported by children or other relatives and some are institutionalized.

The estimate results in an overall prevalence rate of 1.59 per 1,000 population in California, as the table below shows.

Estimated Number of Legally Blind in California
by Age - 1972

AGE	32,660	100.0
0-15	2,370	7.2
16-17	590	1.8
18-19	610	1.9
20-44	5,700	17.5
45-64	8,570	26.2
65-74	5,600	17.2
75-84	5,560	17.0
85+	3,660	11.2

Both the MRA statistics and State Department of Social Welfare Aid to the Blind (AB) report on California's recipients show slightly more males than females up through age 60-64; the reverse is true (more females than males) in the older age groups. About 52 percent of the total blind population is female and 48 percent male.

There are approximately 13,900 blind age 18 and over receiving AB in California currently. Of the estimated blind age 20-64, almost half receive AB. Many blind age 65 and over receive Old Age Assistance in addition to the 6,755 receiving AB. Almost 65 percent of the age 16-19 receive AB. These comparisons are shown in the following table.

Age	Estimated No. of Blind	AB Recipients
Total	32,660	13,900
0-15	2,370	Not Eligible
16-19	1,200	765
20-64	14,270	6,380
65+	14,820	6,755

The SDSW studies show a 2.5 percent increase in the number of blind under age 30 receiving AB between 1967-70. The increase probably is due to the increase in the number of younger multi-handicapped blind, including those with blindness resulting from retrolental fibroplasia (RLF). The 1970 study of the AB caseload showed 428 persons under age 30 with blindness resulting from retrolental fibroplasia. Similar information for 1972 is not available. The last reported cases of retrolental fibroplasia in California were in 1955. These youngsters are now in the 11th and 12th grades. Occasional cases of retrolental fibroplasia continue to appear as a result of necessary life saving administration of oxygen, however, no significant number of cases is expected to materialize.

Present records in the Department of Education confirm Lowenfeld's (1968) findings that the number of multi-handicapped and deaf-blind children is increasing. If the retrolental fibroplasia child is exluded, prenatal influences account for seventy-one percent of the blindness in school age children. The number of "normal" blind is decreasi . Public Health estimates that 100-300 infants are born each year with congenital defects due to rubella, but not all are blind. The children from the 1964-44 rubella epidemic are now in the 1st and 2nd grades. The expected epidemic of 1970-71 did not appear probably due to the vaccine now in use.

Planning is facilitated by more precise knowledge of the geographic location of the blind in a state as large as California with 58 counties. While such information is available for the school age blind, it is difficult to estimate with any degree of accuracy the location of the adult blind. To distribute the adult blind by percentage of the

total population appears to be very inappropriate, particularly if the distribution of the AB caseload (which shows pockets of blind in certain locations) is in any way representative of their residence. Developmental work on a method to estimate the number of blind by smaller areas has begun, but until that is completed one could distribute the blind on the basis of the distribution of the AB caseload by county. Such a method will result in a rough estimate of their location. The AB caseload tells one there are at least that many adult blind in a county.

ESTIMATING INCIDENCE OF BLINDNESS

The additions to the MRA register provide the closest measure of incidence available. True incidence would be a count of the number of blind in the year in which they lost their sight. A person did not necessarily become blind in the year he was reported to a register or public agency. If this qualification is recognized and the Model Reporting Area experience is applied to California, an estimated 3,600 individuals become blind or report their blindness for the first time each year. During the same period approximately 2,900 die, leave the state, or leave the legal blindness category, so there is an annual net growth of about 700.

Since MRA statistics report the number of additions to the register as well as the removal from the register, it can be used to estimate incidence. The average MRA additions and removals for a three year period (which help offset a mass removal of blind from a state's register in one year) was calculated and used to estimate the number of newly blind. This procedure will estimate new cases, and indicate growth in a year.

Based on the above assumption, the 1968 MRA experience indicates the newly blind in California to be in the following groups.

Age	3,600	100.0
Under 5	97	2.7
5-19	389	10.8
20-44	472	13.1
45-64	1,022	28.4
65-74	554	15.4
75-84	695	19.3
85+	371	10.3

As shown in the preceding table, 45 percent of the newly blind are 65 years of age or older; however 73 percent are over the age of 45.

Again, if we can assume the MRA data is applicable to California, the cause of blindness in the 3,600 new cases is an follows:

Cause	3,600	Percent
Retinal Degeneration	670	18.6
Other Retinal Affections	490	13.6
Cataract	565	15.7
Glaucoma, not Congenital	382	10.6
Multiple Affection	371	10.3
Optic Nerve Atrophy	216	6.0
Uveitis	126	3.5
Myopia	94	2.6
Other Affection of Cornea or Sclera	72	2.0
Retrolental Fibroplasia	32	.9
Keratitis	32	.9
Other and Unknown	550	15.3

Retinal disorders which occur primarily from aging, diabetes and prenatal influences accounted for 32 percent of the new cases. Cataract, the second most frequent cause, results largely from aging and prenatal influence. The third most frequent cause, glaucoma, blinded a higher percentage of older persons than the young. When MRA additions to the register for the 20 and over age group are compared to the California AB caseload, retinal disorder, cataracts and glaucoma are also the leading causes of blindness.

ESTIMATING NEED FOR VOCATIONAL REHABILITATION SERVICE

The California Department of Rehabilitation recently did an in-depth study of its services to the blind which included not only an estimate of the number of blind, but changing service needs of the blind. What, if any, services needed to be modified or changed to meet the needs of blind adults now and in the future? To accomplish this goal it was decided to look at the entire blind population, not just the working age blind. For example, what kind of service will the multi-handicapped entering the labor market for the first time need? While the primary goal of vocational rehabilitation is to provide vocational counseling and arrange for services needed by any disabled person for whom employment is a feasible goal, successful placement of blind adults in employment must be preceded by pre-vocational services. Orientation and mobility, braille, activities of daily living and other necessary skills are, in California, direct Departmental services which counselor-teachers provide, when needed, prior to vocational rehabilitation services.

When all the data was reviewed it was possible to determine some of the services needed, but the data also suggest the need for further study. For example, the blind student ready to leave high school is more likely now than in the past to be multi-handicapped. There has been an increased use of orientation and mobility instructors in the California public schools (there were 25 statewide in the 1971-72 fiscal year). Therefore, many of the students for whom employment is a feasible goal will have received pre-vocational training. But most of the multi-handicapped students are not going to be employable, and will need other services, such as sheltered workshop and/or homebound employment.

An estimated 15,470 blind in California are in the working ages of 16-64. From the sources listed above and others it is possible to identify the type of income or support they receive.

15,470	Estimated Blind Between Ages 16-64
7,440	Estimated working blind who pay income taxes.
7,145	Blind, age 16-64 receiving AB (approximately 765 are receiving services from DVR).
180	Receiving Aid to Totally Disabled.
200	Age 16-17 in school programs, not receiving AB.
250	Conservative estimate of blind receiving sufficient OASDI, veterans or private pensions not to be in above categories.
255	Work part-time, live with relatives or friends, institutionalized, etc.

The above does not include the estimated 1,500 newly blinded in the working years who will enter one or more of the above groups sometime during the year.

While one can account for this age group with an acceptable degree of accuracy, the need for services is not clearly defined. One service, of course, is vocational rehabilitation which is the Department of Rehabilitation's primary responsibility. By eliminating from the above categories those individuals not feasible for vocational rehabilitation services, i.e. working and severely disabled, and compairing the remainder and newly blind with the DVR caseload one can determine if a Rehabilitation Agency is serving the blind who need vocational rehabilitation services. This comparison revealed the California Department of Rehabilitation can meet the needs of the blind for whom employment is a feasible goal. However, this exercise emphasized the need to look more closely into the non-vocational type services which may be needed.

The one study of adult blind in California which sheds some light on the need for non-vocational oriented rehabilitation services is the 1970 study of the Aid to the Blind Welfare recipients. If one can

assume the Aid to the Blind recipients are representative of the blind age 16 and over for whom employment is not a feasible goal, then such services are needed. According to this report, 48 percent have not received any blindness-related training or aid. Only one percent reads braille and less than one percent have received teaching in the home from an organized program.

The above has been an attempt to show how to use national and local data to prepare a reliable estimate of a local blind population. It also reveals the lack of adequate data regarding the kinds of services that may be needed by the older or non-working blind population

CHAPTER VI

THE UNDER-SERVED BLIND POPULATION

INTRODUCTION

Services to and for blind persons began early in the nineteenth century with emphasis upon education of children, friendly visitation for adults and protected work environment for those few who were employed. The extended family philosophy prevailed so that the multiply handicapped and/or older blind persons were cared for within the family structure. Longevity for the total population was limited compared to the life expectancy of the modern day. The rural nature of the economy precluded many blind persons from entering the labor market.

The emphasis on types of work performed by the general population changed with industrialization and placed a different stress on the "work" concept which led naturally to the passage of the original vocational rehabilitation legislation in 1920. For more than fifty years, the nation has placed its resources and emphasis upon education for children and vocational services leading to employment.

Science, technology and society have made drastic changes in the composition of the blind population and the attitudes surrounding the disability. Life has become prolonged as medical skills have saved additional numbers of premature infants and lengthened the life of the multiply disabled and aged persons. It is natural that many of these individuals would suffer the disability of blindness. Schools and agencies were designed to provide services to the "normal" blind person whose potential for success was the greatest.

Robert Scott in his book, The Making of Blind Men, points out that first, it appears that the services of a majority of organizations and programs for the blind are suitable for a small highly selected portion of the blind population. This conclusion is based upon the fact that nearly two-thirds of these organizations cater exclusively to either children or non-aged adults; and at least 60 percent of all economic resources are earmarked for these two groups. Secondly, Scott calls attention to the fact that the blindness system provides very few services for the aged blind. The vast majority of the recipients of payments from income-maintenance programs in the blindness system are non-aged adults. Moreover, the majority of the 110 private agencies that offer a mix of services cater largely to children and to non-aged adults who are employable.

Scott reminds the reader that there are many services for the blind person who is thought to be employable, but few for the one who is thought to be untrainable or for whom employment is an unrealistic goal. In short, he feels programs are geared to serve selected blind people, usually those who enjoy the highest probability of success.

"It appears, then, that services for the blind are largely restricted to two of the five major constituencies of the blind--children and non-aged employable adults. Through basic processes of recruitment, most of the multiply handicapped, the uneducable, the untrainable, the unemployable, and the aged are screened out. Socialization experiences that occur in organizations for the blind are therefore reserved for a small, somewhat elite portion of all blind people." (Robert Scott, 1969)

WHO ARE WE TALKING ABOUT?

Various studies and surveys indicate that there are in excess of one million persons who have a very severe visual loss which functionally approaches the legal definition of blindness. One needs to consider the composition of this population. The aged blind are persons over fifty-five years of age and account for approximately two-thirds of the total blind population. The next larger group consisting of ten to fifteen percent includes these persons of employable age who are not in the labor force for various reasons in addition to blindness. This group would include the severely multiply handicapped, the low achievers and persons with little or no skill. The third group which makes up approximately twenty percent of the blind population, are those individuals who have traditionally received the bulk of all services throughout the years, including vocational rehabilitation services. Finally, approximately three percent of the population are children who are being educated in public, private and residental schools. Many of these children are denied an education because of multiple disability which precludes school attendance at the present time. No figures are available concerning the incidence of multiple disability for the total blind population, however, it may be assumed that a substantial portion of the total population suffers from it or more disabling conditions in addition to blindness. Thus, it would appear that at least three fourths of the blind individuals are not receiving much needed services.

The State of South Dakota undertook a project to determine the incidence of blindness among the aged group. From the screening, 801 residents were found who met the legal definition of blindness, while an additional 602 were found with a visual acuity of 20/70 or less.

This project yielded almost identical results to similar studies that have been completed in Portland, Oregon, and New York. Further validation of these results can be found in applying the National Society for the Prevention of Blindness Estimates (1971) to the total population of South Dakota. This computation indicates a total of 1,250 legally blind persons in South Dakota. From the above cited projects, and their comparison with the established estimates, one can conclude that there are a sizeable number of aged blind in the United States who are not being adequately served.

WHAT SERVICES ARE CURRENTLY BEING PROVIDED?

Precious few! The major concern of work for the blind has been with those persons who can be successfully rehabilitated. The nation has only begun to provide minimum service to meet immediate needs of those who can not be rehabilitated without giving much concern to long-range planning. Catergorical Public Assistance has insured survival when savings, pensions or other benefits have been exhausted. Literally thousands of nursing homes have been established to replace the extended family care for those who can not live independently. Medicare and Medicaid are meeting the basic health needs of some of the older and disabled population. Some states have a well organized program of prevention of blindness; however, they are concerned primarily with the young and employable. The Library Service for the Blind and Physically Handicapped has reached a portion of the population with information and recreation. A small number of the older population receive some social adjustment services designed for independent living. There are a few organized programs designed to provide low vision or optic aids for older persons with limited eye sight. A limited number of programs have found success in serving the blind population who are institutionalized because of blindness, another disability, or a combination of disabilities.

The only significant impact upon the needs of this under-served blind population has been the provision of rehabilitation teaching services. These instructors provide direct instructional and counseling services to persons in their own home. It is the oldest known profession in the field of work for the blind and traditionally involves teaching techniques and skills which assists the blind and visually handicapped in maintaining or developing independence.

Cosgrove (1961) states that the home teachers she interviewed indicated the work they performed fell into two general areas. The first area, teaching and counseling, is arranged under four major groupings.

1. Helping the client to want to do things - "to get up and live."

2. Helping him in the management of his personal affairs by teaching personal grooming and table etiquette, and by showing him how to get help from sighted persons and how to dispense with such help when no longer needed.

3. Providing sustaining services through

   a. Supplying new means of communication through instruction in braille, typing, continuation of manual writing, and the use of talking books.

   b. Offering substitutes for sight by teaching the client how to keep busy and interested through engaging in diversional activities at home, walking around the house without a sighted guide, maintaining former social contacts and church affiliations, and participating in recreational and other community activities.

   c. Assisting in finding work for those able to perform it.

   d. Teaching homemaking through instruction in managing the family budget, supervising children, cleaning, cooking by suitable safe methods, gardening, and a variety of other subjects in the line of the client's interest.

4. Offering assistance in securing for the client solution or alleviation of special problems in addition to blindness such as treatment for diabetes, crippling arthritis, and other disabling illnesses and betterment of inadequate or unhealthful housing and inadequate income.

The second functional area is interpreting the special needs of blind persons to individuals in the community and to community groups and agencies in such a way that available services will be brought to bear upon the blind person's needs. Service and social organizations, professional groups, and communications media may all be used to present the problems confronting the people they serve.

The problem facing the nation is the lack of personnel and services which are needed by older and multiply handicapped blind persons. In addition, private and governmental agencies need to re-evaluate their system of priorities and stress on serving the most "likely to succeed blind person". It will require federal support and/or administrative direction to insure that services of all kinds are rendered to the under-served blind population.

IS THE NATION CONCERNED?

Fortunately, the answer to this question is, "yes". People are concerned as is demonstrated by the White House and the Governor's Conference on Aging and the National Citizens Conference on Rehabilitation. This concern has lead to passage of the Older American's Act, the Rehabilitation Amendments of 1972 (vetoed by the President), the Social Security Amendments, and numerous other pieces of legislation for the disabled and disadvantaged.

Congress had demonstrated the public's concern through provisions in the Rehabilitation Act of 1972. This Act would have provided for comprehensive rehabilitation services to meet the needs of disabled individuals for whom a vocational goal is not possible so that they may improve their ability to live with greater independence and self-sufficiency. It expanded services to groups of handicapped individuals (including those who are home bound and institutionalized) who have been under-served in the past. The Act defined severely disabled as any individual who has a physical or mental disability so severe that it limits his ability to function in his family or community. It is interesting to note that this definition of severely disabled is broad enough to include almost every disabled person which is a new concept in rehabilitation legislation. There is no limitation on services that may be provided to help the individual improve his ability to live independently and function normally in his family or community. Other concerns acknowledged by Congress resulted in specifying services for the older blind, the deaf-blind, and the multiply handicapped blind.

Further evidence of the concern of the Congress are increased appropriations for the Older Americans Program. It was intended that agencies serving blind persons might obtain project grants from this program to conduct surveys and develop programs specifically designed to serve older blind people.

The Social Security Amendments mandated the separation of social services from income maintenance for the adult programs with a view to making individual recipients more independent and to encourage their rehabilitation. In addition, the Amendments provided for increases in Social Security payments under the Old Age and Survivors Insurance Program to assist people in maintaining their financial independance. Other provisions of the Amendments federalize the former Assistance Payments Program for the aged, blind, and disabled. In doing so, the age limit was removed thus making it possible for a blind or disabled child to receive up to the maximum of $130.00 per month in supplemental security income. All persons applying for or receiving supplemental security income payments will be referred to the Vocational Rehabilitation Agency for rehabilitation services as provided for in Title XVI. The cost incurred in providing vocational

rehabilitation services to these recipients will be reimbursed fully by the federal government. Title VI of the 1972 Social Security Amendments give the states the option of electing to provide certain special services to the blind. These services may include training for mobility, personal care, home management, communication skills, special aids and appliances, special counseling, caretakers of blind children and adults, and help in securing Talking Book Machines. The Act also provides for screening the health of children served which should result in the early identification of visual problems. Again, the Nation has expressed its concern in giving help to the multiply handicapped and older blind.

WHAT ARE THE EXISTING NEEDS?

The old adage says that an ounce of prevention is worth a pound of cure. Genetic counseling is needed in today's society to prevent blindness. This is a sensitive area involving emotions, religious beliefs, and other factors which have not been sufficiently overcome to permit effective counseling. It is hoped that additional research will be conducted in this field.

Most states have a program for crippled children which incorporates a minimal amount of medical service for the visually handicapped child. A few states have agencies for the blind who serve the medical needs of the younger child. However, the majority of the states require that the visually handicapped child wait until he is eligible for Vocational Rehabilitation Services before services are provided. It is essential that this gap in the provision of service be filled to prevent the permanent effects of living as a child frustrated by his visual limitation.

Older blind persons have all of the needs that older sighted persons have. All of the conferences on aging point out the need for adequate housing, transportation, income maintenance, health maintenance, recreation, and an opportunity for productive living including work. Even when services and housing exist, the elderly as well as the blind and disabled have accessibility problems. Some of the thrust of programs for aging emphasize accesibility not only for the elderly but also for the disabled which should result in alleviation of some of the problems facing the older or multiply handicapped blind person.

There are specific needs for service which are a direct result of the complication of blindness. If public transportation is available, the blind person must have sufficient mobility skills to take advantage of it. Little is being done today to teach mobility or orientation to the older or multiply handicapped blind person.

If they are residents of a nursing home or a congregate care unit, they should have sufficient orientation training to be able to go to the dining room, bathroom, and places of recreation. The home's supervisory staff must be trained to permit and encourage such movement. All too often the blind resident is tray fed in his room so that he "doesn't get in the way". Many of these individuals with proper training in mobility and orientation could live independently outside of a congregate care situation. They would need adequate skills in homemaking and adjustment to blindness in order to live alone. No one knows how many such people are sentenced to a life in their room because these services have not been made available in their community.

Persons who are dependent upon Social Security or Public Assistance are poor, but the blind recipient is the "poorest of the poor". He has additional costs in maintaining his wardrobe, in traveling from place to place, in purchasing goods and services because of his difficulty in shopping and in many cases has extra medical expenses because of the disease causing the blindness.

Housing becomes a problem when it is too expensive, improperly located in relation to community services which a blind person requires. Further difficulties are encountered when the landlord or the management of a home refuses a blind person's admission because of his blindness.

The older and/or multiply handicapped blind person has increased problems with health maintenance because of the barrier blindness imposes in the acquisition of information. It is interesting to note that in the South Dakota nursing home study, two-thirds of those persons referred for additional visual evaluation were eligible for Medicaid Services. It is true that access to vision specialists was part of the reason, but many did not know of their eligibility. Less than ten percent of the nursing home population had seen an eye doctor in the last twelve months preceeding the screening.

When sight restoration is not possible and the individual has residual vision, it is known that optical aids can provide a real service in giving him "practical eyesight". Unfortunately the number of programs having low vision service are extremely limited and again fall into the trap of serving the individuals with the "greatest rehabilitation potential". The multiply-handicapped and elderly blind have greater difficulty in learning to use an optical aid, but this is not a reason for denying them this service.

Vision screening among the elderly is essential to prevent blindness. The elderly view television and pursue hobbies requiring good eyesight. The South Dakota study revealed that fifty-eight

percent of the legally blind nursing home population had opacities which if surgically removed might have resulted in reasonably normal vision. In the low vision group, (20/200 to 20/70) fifty-two percent of the residents who had opacities appeared in twenty-eight percent of the group having vision above 20/70. This indicates that as the years go by, these persons will gradually continue to lose more sight until they are legally or totally blind. Surgery in some cases was not performed because the doctor thought the patient was "too old". Twenty years later, the patient was still living with his blindness.

Blindness makes it difficult for individuals to be actively involved in some types of recreational opportunities. Training in the use of tactile games and hobbies is necessary unless the person was blind prior to the advent of additional complicating factors including age. Again, some training and education must be done in their community of friends to set them at ease. If congregate care facilities are involved, sometimes it is necessary to do even more education of the staff and residents. It is known that some homes refuse a blind or physically handicapped person the privilege of using a Talking Book Machine. The whole field of recreation for the older blind person needs attention and it is hoped that these programs will incorporate modifications to accomodate those persons with disabilities.

Finally, every person should have an opportunity to be productively engaged in meaningful activity including work. This activity might take the form of crafts, hobbies, volunteer services or actual full or part time employment.

WHERE DO WE GO FROM HERE?

Some initial steps have been taken by agencies and organizations to serve multiply handicapped youth, multiply disabled adults, and the older blind population. It is just a beginning. Agencies and organizations need to re-evaluate their policy and fiscal operations and emphasize development of services for these under-served people.

The Nation has expressed its concern for the well being of the older population by having Congress establish specialized programs. It is up to individuals in the field to insure that generic service is available to all people and made accessible to the older and multiply handicapped blind. The rehabilitation movement has the responsibility for research and development of specialized programs necessary to insure that these disabled people can lead meaningful, productive lives.

CHAPTER VII

ADMINISTRATIVE CONCERNS FOR SERVICES AND PROGRAM EVALUATION

NEED IDENTIFICATION

A short term institute, "Delivery of Services to the Blind: Administrative and Evaluative Issues," was co-sponsored by the Rehabilitation Counselor Program, California State University, San Diego, and the Rehabilitation Services Administration, Region IX, Social and Rehabilitation Service, U. S. Department of Health, Education and Welfare. The institute was attended by twenty-two representatives of private organizations and public agencies serving the blind. Most participants represented their organizations at the top administrative levels. Topics discussed dealt with a number of issues which reflected administrative concerns for services and for program evaluation.

A session designed to identify unmet needs generated many concerns. A prevalent concern related to attitudes: how to change the public's limiting attitudes toward the blind; how to develop the professional workers' attitudes toward perceiving the blind as individuals with potential for growth; and how to help blind individuals overcome poor self-imagery and grow psychologically.

Another concern related breaking the sterotype of blindness, to de-lable the blind. Related to this was the need to recognize each individual's unique problems, to recognize the individual's personal aspirations, and to develop individualized activities to facilitate the individual's effort to funtion effectively. Blind individuals need to be completely integrated into the community in accordance with their individual capacities.

A need was expressed for developing more effective communication between the sighted and visually impaired. Improved non-verbal communication was seen as an area needing study and the development of a methodology. Such study and methodology would appear to be vital to improving societal attitudes toward blindness and expanding social interaction for the blind. An understanding of a variety of ways of perception are necessary for effective communication.

Participants recognized that there were needs for programs designed to provide early identification, prevention of blindness, and visual rehabilitative services. They stated that there is still great need to develop and utilize instruments to overcome visual impairment. Ways must be found to make such hardware available at a reasonable cost.

Considerable concern was expressed about establishing coordinated programs of service to those individuals with visual impairments as they are referred from one agency to another.

Other unmet needs identified were services for the geriatric blind, the multiply handicapped blind, a need for an operational definition of functional retrieval of information--all retrievable at the local level. In conjunction with this retrieval system, a uniform policy on confidentiality of client information would need to be developed.

PROGRAM EVALUATION AND ASSESSMENT

Participants recognized that this is an age of accountability with emphasis on formal evaluation of services. Adequate evaluative measures that assess the quantity and quality of services must be developed. There was consensus that programs should be evaluated on the basis of meeting needs. Such evaluation is necessary for service programs to effectively utilize resources in providing quality rehabilitative services.

Proposed measures of evaluation included a count of services individuals received with weights to be assigned to various services. Weighting the degree of disability and the extent of an individual's problems as developed by Sermon (1972) and Harper (1972) and others was proposed.

A nationwide standard evaluation system was recommended such as the National Accreditation Council. However, there were differences of opinion as to how much evaluation should be done by a national body or independent organization and how much should be done by the agency itself. It was recommended that the agency's staff be involved in determing areas and services to be evaluated and in establishing the criteria for such evaluation.

A difference in opinion developed relative to comparing one program with another in making evaluations. Some individuals believed comparisons should shape program direction and point out areas of achievement or need for improvement, while others maintained that an evaluation should be based on standards and the identified needs of the communities being served.

There was consensus that the consumers of services should be involved in any evaluation program as well as consumer organizations. Advisory groups, agency administrators, and field staff were believed to be essential participants in making evaluations.

Any evaluation should report the identification of unmet needs. Other areas proposed for evaluation were the dissemination and use of research results, inter-staff communication, client-counselor relationships, and client satisfaction.

ADMINISTRATIVE RELATIONSHIPS

Because participants represented separate agencies and a general agency serving the blind, there was less than complete agreement regarding organizational structure. The advantages of a general agency were cited as being administrative efficiency, flexibility of resources, adequate geographic coverage, equality of treatment of all disability groups, and equality of opportunity for all applicants.

Disadvantages of a general agency were seen as not receiving funding based on the needs of the blind; reporting procedures not reflecting the longer period of time required in the rehabilitation process; a need for the expertise of specially trained staff; and a lack of uniform allocation of staff and resources.

Under a separate agency, the chief administrator is able to give his undivided attention to meeting the needs of the blind. There is better funding. The legislature rather than the chief administrator decides on priorities of needs and funds. A separate agency is more aware of how its special program is functioning and how well the needs are being met.

Disadvantages were seen as a duplication of administrative structure, of planning staff, a duplication or a lack of administrative support services, and problems of geographic coverage.

The Prime Study Groups calls the reader's attention to the publication, The Mission and Goals of the National Council of State Agencies for the Blind: A Statement of Organizational Policies and Principles for further study and recommendations relative to the role and function of the state agency for the blind.

APPENDICES

APPENDIX A

CHARGES TO THE 1973 IRS STUDY GROUPS

Study Group III
Regions VIII, IX, and X

TOPIC: Suggested Models for Providing Rehabilitation Services to the Blind

PURPOSE: To select and develop examples of programs which may be utilized in the training of rehabilitation personnel as well as more effective delivery of services to the blind.

CHARGES:

1. Identify the target population by:
   a. Number of blind (using the legal definition of blindness)
   b. Demographic data - break down by age ranges, sex, location (rural or urban), congenital or adventitously blind.
2. Explore and delineate the major causes of blindness, i.e.:
   a. Disease (diabetes, etc.)
   b. Accident
   c. Congenital causes
   d. The multiply handicapped i.e. blind-deaf blind-MR, etc.
   e. Myths about blindness
3. Identify and describe model training programs for the blind in:
   a. Mobility training re: cane, seeing eye dog, electronic equipment aids.
   b. Self care training - grooming, daily living activities, physical fitness.
   c. Personal, social and emotional growth and development programs for the blind.

d. Educational programs for blind (regular classroom vs training in schools for the blind).

4. Describe unusual or new occupational areas available to the blind.

5. Identify special problems counselors experience in working with the blind and suggested ways of overcoming or dealing with these problems.

   a. Problems peculiar to the congenitally blind, i.e. poor mobility, poor spatial concepts, lack of social skills, immaturity regarding vocational expectation, etc.

   b. Adventitiously blinded i.e. problems of acceptance of blindness, need to develop compensatory skills.

   c. Need for specialized test procedures i.e., intelligence, interest and aptitude tests.

   d. Locate and describe effective diagnostic and work evaluation facilities best meeting the needs of the blind.

   e. Describe usual employer's objections in hiring the blind and ways of countering these objections.

   f. Need for close follow up with clients, trainers and employers.

   g. Use of low vision aids or prosthesis.

6. Develop a resource directory

   a. Schools for blind.

   b. List of readings relating to specialized services for the blind.

   c. Select a model agreement between a general and blind agency covering referrals, case finding, etc.

7. Identify or describe the implication for training of the foregoing material.

8. Legislation affecting the blind.

APPENDIX B

PRIME STUDY GROUP III

Services to the Blind: A Community Concern

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APPENDIX D

ESTIMATED TOTAL CASES AND NEW CASES OF LEGAL BLINDNESS BY STATE, 1971**
(Provisional Estimates - Subject to Revision)

State	Estimated Population July 1, 1971	Total Cases		New Cases	
		Rate*	Number	Rate*	Number
U. S. Total	206,255,000	2.14	441,300	16.8	34,650
Alabama	3,479,000	3.08	10,750	20.7	700
Alaska	313,000	2.65	850	16.9	50
Arizona	1,849,000	2.53	4,700	16.7	300
Arkansas	1,944,000	2.69	5,250	19.9	400
California	20,223,000	1.84	37,250	15.2	3,100
Colorado	2,283,000	1.93	4,400	16.0	350
Connecticut	3,081,000	1.63	5,050	14.8	450
Delaware	558,000	2.13	1,200	15.8	100
District of Columbia	741,000	3.93	2,950	26.7	200
Florida	7,041,000	2.69	18,950	20.8	1,450
Georgia	4,664,000	2.84	13,250	19.6	900
Hawaii	789,000	3.98	3,150	21.5	150
Idaho	732,000	1.59	1,200	13.9	100
Illinois	11,196,000	2.03	22,750	16.7	1,850
Indiana	5,274,000	1.88	9,950	15.5	800
Iowa	2,852,000	1.77	5,050	15.9	450
Kansas	2,258,000	1.86	4,200	16.0	350
Kentucky	3,282,000	2.22	7,300	16.9	550
Louisiana	3,681,000	3.03	11,150	20.6	750
Maine	1,003,000	1.87	1,900	16.3	150
Maryland	4,000,000	2.16	8,650	16.6	650
Massachusetts	5,758,00	1.73	10,000	15.7	900
Michigan	8,997,000	1.91	17,200	15.1	1,350
Minnesota	3,881,000	1.64	6,400	14.9	600
Mississippi	2,226,000	3.68	8,200	25.1	550
Missouri	4,749,000	2.22	10,550	18.1	850
Montana	708,000	1.82	1,300	15.5	100
Nebraska	1,512,000	1.79	2,700	16.5	250
Nevada	507,000	1.95	1,000	15.3	100
New Hampshire	762,000	1.70	1,300	16.0	150
New Jersey	7,300,000	1.88	13,750	15.8	1,150
New Mexico	1,030,000	2.60	2,700	15.7	150
New York	18,391,000	1.96	36,050	16.5	3,050
North Carolina	5,146,000	2.72	14,000	18.7	950
North Dakota	625,000	1.69	1,050	14.9	100

ESTIMATED TOTAL CASES AND NEW CASES OF LEGAL BLINDNESS BY STATE, CONT'D
(Provisional Estimates - Subject to Revision)

State	Estimated Population July 1, 1971	Total Cases		New Cases	
		Rate*	Number	Rate*	Number
Ohio	10,778,000	1.94	20,950	15.8	1,700
Oklahoma	2,610,000	2.22	5,800	17.5	450
Oregon	2,158,000	1.66	3,600	15.4	350
Pennsylvania	11,879,000	1.97	23,400	16.3	1,950
Rhode Island	960,000	1.71	1,650	15.4	150
South Carolina	2,627,000	3.20	8,400	20.3	550
South Dakota	670,000	1.85	1,250	16.4	100
Tennessee	3,990,000	2.52	10,050	18.2	750
Texas	11,460,000	2.40	27,500	16.7	1,900
Utah	1,099,000	1.39	1,550	11.6	150
Vermont	458,000	1.75	800	15.9	100
Virginia	4,714,000	2.59	12,250	18.0	850
Washington	3,449,000	1.75	6,050	15.4	550
West Virginia	1,752,000	2.09	3,700	15.8	300
Wisconsin	4,476,000	1.71	7,650	15.1	700
Wyoming	340,000	1.78	600	14.4	50

*Total Cases: Estimated rate per 1,000 population for 1960 (Hurlin)
New Cases: Estimated rate per 100,000 population for 1960 (NSPB Statistics Department)
From: NSPB Fact Book - Estimate Statistics on Blindness and Vision Problems, 1966

**National Society for the Prevention of Blindness, Inc.
May 1972.

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APPENDIX F

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